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REPORT OF THE ACTIVITIES OF THE DEPARTMENT OF PUBLIC HEALTH

FOR THE CALENDAR YEAR 1954 AND THE FISCAL YEAR 1954-55

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September 26, 1955

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

CENTRAL OFFICE
101 GROVE STREET
ZONE 2

September 23, 1955

The Honorable Elmer E. Robinson
Mayor of San Francisco

Through: Mr. Thomas A. Brooks
Chief Administrative Officer

Dear Mayor Robinson:

The following pages constitute the Annual Report of the Department of Public Health to you. The operating data and the narrative aspects of this report cover the fiscal year 1954-55. The statistical data related to births, deaths, and communicable disease are based on the calendar year 1954. The fiscal data is based on the fiscal year 1954-55.

We should like to express our appreciation to your office for the cooperation that we have had in the budgetary procedure and in the processing of various forms and papers requiring your action. I wish to make special note also of the high degree of cooperation that has existed between the Bureau of Architecture of the Department of Public Works and the staff of this department as coordinated by the Chief Administrative Officer in matters related to the planning for the proper use of deferred maintenance funds and for the use of funds made available by the bond issues of 1954 for the rehabilitation of our institutions, and also for the time and consideration given by your Bond Screening Committee to our requests for these funds. The cooperation also of the three code-enforcing departments in the field of housing, namely the Fire Department, Department of Public Works, and this department with the Citizens Committee on Urban Renewal is also called to your attention.

Our greatest concern is for the continuance of deferred maintenance funds to be made available for expenditure in conjunction with the bond improvement program and for the securing of adequate top-level personnel in the fields of business management, public health engineering, and medical care administration, and for subordinate personnel in the fields of public health nursing and for certain of the medical and nursing fields in our institutions.

This report is somewhat voluminous, but we should like to point out that the Department of Public Health, with its great scope of activities, is one of the larger departments in City government.

Respectfully submitted,

Ellis D. Sox, M. D.
Director of Public Health

EDS:h
Att.

GENERAL POPULATION DATA - BIRTHS, DEATHS, AND DISEASES

The population estimated for San Francisco as of July 1, 1954 was 785,900, an increase of 2,200 over July 1, 1953. The proportion of males to females remains 1.01 to 1, or percentagewise, 50.3% to 49.7% females. During 1954 there were 15,171 resident births as compared with the previous year of 15,364, a decrease in the number of births as well as a drop in the birth rate. The birth rate in 1953 was 19.6 per thousand population as compared with a rate of 19.3 for the current year. Infant mortality increased from 22.7 per 1,000 live births in 1953 to 24.8 per 1,000 live births in 1954. The maternal death rate also rose from 0.2 in 1953 to 0.5 per 1,000 live births in 1954.

Over the five year period 1950-54, the birth rate for the State of California has steadily risen from 23.1 to 24.5 per 1,000 population. During this same 5-year period of 1950-54 the San Francisco City-County birth rate has declined from 20.4 to 19.3 per 1,000 population.

If examined, the birth rate for San Francisco will be found to be lower than any of the surrounding Bay Area counties as well as Los Angeles and San Diego counties, as it has been for the past two years. Similarly, if we examine the death rate for these same counties we find that they are lower than that of San Francisco. This would seem to indicate that our population exhibits some of the characteristics of an aging population and that some of the increase in population is due to an influx of oldsters from other areas, or possibly the moving away of young couples of child-bearing age.

The first five ranking causes of death in San Francisco remain the same for 1954 as in 1953 and 1950. These are the "diseases of old age" or the degenerative diseases with the exception of the fourth leading cause of death - Accidents. In the age groups from 1 year through 24 years of age, accident remains the number one cause of death. However, in the age groups of 25 years upwards, the degenerative diseases of heart disease and malignant neoplasms are the two leading causes of death. Over half of the deaths of San Francisco residents occur after 65 years of age and less than 5% of the deaths occurred in the age group under 1 year. Deaths under 1 year have increased from 3.1% in 1953 to 4.1% in 1954.

The negro population of San Francisco comprises approximately 5.6% of the entire population of the City and County, the Chinese about 3.2%, yet the birth rates for the Negro and Chinese population very nearly treble and double the birth rate for the entire city. The respective death rates for these racial segments of our population are both lower than that for the city as an entity; the negro death rate being 8.3 per 1,000 population and the Chinese with a death rate of 10.5 more closely approaching that of the city, which is 11.6.

It is interesting to note that the ranking cause of death for the negro, Chinese, and the city as a whole is heart disease. In the negro population, Diseases of Early Infancy ranks as the second leading cause of death both in 1953 and 1954 and has increased from 86.4 per 100,000 in 1953 to 131.5 per 100,000 population in 1954. The negro population while accounting for approximately 5.6% of the total population in 1953 and 1954 with the 6th ranking cause of death as Homicides last year, 8th leading cause this year, still accounts for 21.1% of all homicides in the city.

While tuberculosis ranks 10th as the leading cause of death city-wide, it is the 5th and 7th ranking cause of death among the Chinese and negro populations, respectively. The indications of this observation being, that while progress is being made in the control of the disease, there is still much work needed to be done. Tuberculosis is still the only reportable disease remaining in the 10 leading causes of death in San Francisco.

There was an increase in the number of cases of Measles from 1953 to 1954 from 3,477 to 4,269, the rate per 100,000 population jumping from 443.7 to 543.0. There were no deaths due to measles reported during 1954. Pneumonia increased only slightly from 1953 to 1954 - from 295 cases to 320 respectively. This slight increase may in part be explained by the better reporting of pneumonia by the physicians of the city. Influenza dropped from 82 reported cases in 1953 with a rate of 10.6 per 100,000 to 18 reported cases with a rate of 2.3 per 100,000 population in 1954.

In 1952, there were 234 cases, 16 deaths, due to Poliomyelitis; 118 cases, 11 deaths reported in 1953, and for the calendar year 1954 there were 149 cases and 5 deaths reported due to poliomyelitis. Although the reported number of cases increased from 1953 to 1954, the increase is only slightly above the limits of normal expectancy.

There is some decline of Venereal Diseases from 1953 to 1954. The problem would seem not to be one so much of control, although there is much to be done in this phase, but rather a problem of education among the groups in the lower income brackets, particularly the negro. The negro accounts for 52.2% of all venereal disease, 44.8% of all syphilis reported and 54.0% of all gonorrhea reported during the year 1954. When we examine the rates for syphilis and gonorrhea by limited color breakdown the resultant data is most revealing:

	White	Negro	Other Non-White	Total
Syphilis	23.18	362.87	88.53	45.42
Gonorrhea	96.68	1875.58	67.77	195.06

These rates, however, are lower for 1954 in all categories than in 1953.

Deaths due to Respiratory Neoplasms seem to be increasing slightly from 1944 when there were 169 deaths reported, a rate of 21.4 per 100,000 population. In 1954 there were 204 deaths ascribed to respiratory neoplasms, with a rate of 26.0 per 100,000. The increase in respiratory neoplasms is much more marked in males than in females. The female rate seems to range from a high of 10.5 to a low of 7.0 per 100,000 population of females. The males, however, have steadily increased year by year from 34.2 in 1944 to 44.3 per 100,000 male population in 1954. Why this increase in the male death rate due to respiratory neoplasms has occurred and the female death rate has remained relatively the same is not shown in our data.

During the calendar year 1954, 19,994 births were reported, and 22,476 birth certificates were issued by our Birth Registry. During the same period of time, there were 9,478 deaths registered, and 25,878 death certificates issued.

NEGRO, CHINESE AND CITY-COUNTY POPULATION
SAN FRANCISCO 1950-1954
ESTIMATED

Year	City-Co. of S.F.	Negro	Chinese
1950	775,400	43,460	24,813
1951	775,400	43,502	24,813
1952	775,400	43,502	24,813
1953	783,700	43,970	25,080
1954	785,900	44,093	25,150

* 1950 data are U. S. Census Bureau figures.

BIRTH AND DEATH RATES FOR
CITY-WIDE, NEGROES AND CHINESE
SAN FRANCISCO, 1950-1954
(By Residence)

	CITY WIDE				NEGROES				CHINESE			
	BIRTHS	RATE	DEATHS	RATE	BIRTHS	RATE	DEATHS	RATE	BIRTHS	RATE	DEATHS	RATE
1950	15,477	20.4	9204	12.1	1746	40.1	289	6.6	1113	44.8	191	6.1
1951	15,505	23.9	9527	12.6	1723	39.6	300	6.9	997	40.1	230	8.2
1952	15,710	20.3	9693	12.5	1730	39.9	337	7.7	953	38.4	248	10.0
1953	15,364	19.6	9435	12.0	1911	43.5	323	7.3	902	36.0	243	20.0
1954	15,171	19.3	9160	11.6	1985	45.0	366	8.3	917	36.5	264	10.5

FIRST TEN RANKING CAUSES OF DEATH
FOR CITY-WIDE POPULATION, NEGRO, CHINESE
SAN FRANCISCO - 1954
(Corrected for Residence)

	CITY-COUNTY		NEGRO		CHINESE	
	RANK	RATE*	RANK	RATE*	RANK	RATE*
HEART DISEASE	1	464.8	1	163.3	1	286.3
MALIGNANT NEOPLASM	2	195.7	3	127.0	2	139.2
VASCULAR LESIONS OF C.N.S.	3	110.1	5	63.5	3	87.5
ACCIDENTS	4	61.1	4	90.7	6	35.8
CIRRHOSIS OF LIVER	5	42.5	-	-	8	31.8
DISEASES OF EARLY INFANCY	6	32.1	2	131.5	9	27.8
PNEUMONIA & INFLUENZA	7	29.9	-	-	-	-
ARTERIOSCLEROSIS	8	26.3	13	11.3	-	-
SUICIDES	9	23.4	-	-	4	67.6
TUBERCULOSIS	10	16.6	7	38.6	5	47.7
HYPERTENSION	-	-	6	40.8	-	-
HOMICIDES	-	-	8	31.8	-	-
CONGENITAL DEFECTS	-	-	9	27.2	6	35.8
SYPHILIS	-	-	-	20.4	-	-
DIABETES	-	-	-	-	9	27.8

* Rate /100,000 Population.

DEATHS AND DEATH RATES DUE TO RESPIRATORY TUBERCULOSIS
SAN FRANCISCO CITY-COUNTY

			RESPIRATORY TUBERCULOSIS			
YEAR	Total	Rate	Males	Rate	Females	Rate
1954	114	14.5	106	26.8	8	2.0
1953	138	17.6	124	31.5	14	3.6
1952	204	36.3	160	41.0	44	11.4
1951	201	25.9	159	40.8	42	10.9
1950	194	25.0	154	39.5	40	10.4
1945	414	50.6	303	72.1	111	27.3

SAN FRANCISCO CITY AND COUNTY

POPULATION 1950-1954
(ESTIMATED AS OF JULY 1)

	TOTAL	MALE	PERCENT	FEMALE	PERCENT
1950 (Census)	775,400	389,887	50.3	385,513	49.7
1951	775,400	-	-	-	-
1952	775,400	-	-	-	-
1953	783,700	394,060	50.3	389,640	49.7
1954	785,900	395,167	50.3	390,733	49.7

BIRTHS AND DEATHS
1950-1954 (CORRECTED FOR RESIDENCE)

	BIRTHS	RATE*	DEATHS	RATE*	DEATHS UNDER 1 YR.	RATE**	MATERNAL DEATHS	RATE**
1950	15,477	20.4	9,204	12.1	336	21.7	8	0.4
1951	15,505	20.0	9,527	12.3	377	24.3	5	0.3
1952	15,710	20.3	9,673	12.5	356	22.7	7	0.4
1953	15,364	19.6	9,435	12.0	349	22.7	3	0.2
1954	15,171	19.3	9,160	11.6	376	24.8	7	0.5

* Rate /1,000 Live Births.

** Rate /1,000 Population.

SAN FRANCISCO CITY, COUNTY AND CALIFORNIA

BIRTH AND DEATH RATES 1950-1954
(BY RESIDENCE UNLESS OTHERWISE NOTED)

	BIRTH RATE		DEATH RATE	
	S.F. CITY, CO.	CALIF.	S.F. CITY, CO.	CALIF.
1950	20.4	23.1	12.1	9.3
1951	20.0	23.4	12.3	9.3
1952	20.3	24.3	12.5	9.6
1953	19.6	24.6	12.0	9.1
1954	19.3	24.5*	11.6	8.8

* Rate for California Births is Provisional.

BIRTH AND DEATH RATES
FOR SAN FRANCISCO CITY-COUNTY
AND OTHER COMPARABLE COUNTIES
1954 by Residence

	BIRTH RATE*	DEATH RATE
SAN FRANCISCO	19.3	11.6
ALAMEDA	20.8	8.6
CONTRA COSTA	24.9	5.9
SAN MATEO	20.4	7.0
SANTA CLARA	24.4	8.2
LOS ANGELES	21.4	9.0
SAN DIEGO	22.8	7.6

* Birth Rates for Counties other than San Francisco are Provisional and Subject to Final Adjustment.

DIVISION OF HEALTH EDUCATION

The Division of Health Education is a service agency which assists in meeting the Department's educational objectives throughout all of its activities. These objectives include informing the public as to the essential health problems and securing their cooperation, jointly attacking these problems with the final objective of having a community which observes personal health practices conducive to good health.

The Division of Health Education participates in joint program planning within the staff and in our general community relationships. It assists us in carrying on our program by the proper use of all media of communication. It has the responsibility for the selection, preparation, and distribution of various types of educational material and maintaining a liaison with community organizations and the services of the department by participation in many conferences.

The Division of Health Education maintains a film catalog and a stock of pamphlets under more than five hundred different titles. It has a key responsibility in our general educational programs wherever they may be carried on. This involves such things as in-service training of employees, orientation of new employees and volunteers and the development of general staff meetings. It has the responsibility for the preparation of the Weekly Bulletin published by this department.

All of these activities are an extremely heavy load for the two professional people employed in this division. For the past three years, departmental requests for increases in personnel have been deleted. The work load of this division is such that we are extremely hampered in the effectivity of our educational activities, which are of importance in all phases of our work involving the prevention of diseases and disabilities, as well as in our medical care activities.

Approximately 105 motion pictures and 30 filmstrips on health subjects are available in the free loan library of this Division. Splicing and repair of films averages 135 per month.

Fiscal Year	Number of Requests for Films	Number of Showings	Total in Attendance
1953-54	1,532	2,576	125,084
1954-55	1,509	2,548	103,124

The pamphlet stock amounts to approximately 90,000, made up of over 500 different titles. The distribution has been as follows:

Year	District Health Centers	Other Health Dept. Divisions	Directly to Public	Total
1953 (calendar)	52,796	12,454	20,361	85,611
1954-(calendar)	54,676	13,126	16,255	84,057
1954-55 (fiscal)	45,599	8,098	19,629	73,326

The number of posters distributed were included in the above totals for 1953 and 1954, but were not included for the fiscal year 1954-55, when 966 health posters were distributed. In addition 27,000 Dental Society posters were distributed in San Francisco Schools.

A library of public health reference materials (excluding books) is maintained classified under approximately 310 subjects.

Consultation Services 1954-55

As all the staff members have a responsibility for the education of the public in health, the public health education staff devotes considerable time to consultative services aimed at furthering the educational aspects of the work of the staff. In addition, consultation is given to individuals and groups in the community.

	Staff Conferences		Community Conferences		
Fiscal Year	Individual	Group	Individual	Group	Total
1953-54	195	91	152	126	564
1954-55	292	120	242	179	833

DIVISION OF FOOD AND SANITATION

The Division of Food and Sanitation during the year 1954 made a total of 179,623 inspections. Of this number 36,574 were apartment houses, hotels and dwellings; 11,997 were twenty-one non-food type industrial establishments; and 131,052 were food establishments of forty-one types.

The Division received and abated 10,106 complaints. Thirty-four (34) arrests were made; all were found guilty. A total of $1,075.00 in fines resulted from convictions. Three (3) offenders were sentenced to one year's probation; two (2) to six months' probation; and three (3), in addition to being fined, were given thirty days' suspended sentences. One hundred and fifty-three (153) cases were cited for hearing before the District Attorney.

Market-Food Inspectors investigated 43 alleged outbreaks of food poisoning, the majority of which originated in the home. When we consider that 3,182 permits were issued during 1954 to public eating establishments which served millions of meals during the year, the number of food poisoning outbreaks is insignificant and practically an irreducible minimum. In other words, San Francisco is a safe place in which to dine away from home.

Four thousand seven hundred and seventeen (4,717) specimens of food were submitted to the laboratories. Routinely each week specimens of ground meat, meat-food products, shellfish and custard bakery products are submitted for examination.

Forty thousand two hundred and forty pounds (40,240#) of foodstuffs were seized and condemned as unfit for human consumption. This included 222 lbs. of meat-food products, 699 lbs. of poultry, 3,243 lbs. of canned foods, 3,060 lbs. of perishable foods, 24,734 lbs. of miscellaneous flours and cereals, 5,273 lbs. of candy, 1,888 lbs. of miscellaneous grocery products, and 1,121 lbs. of miscellaneous foods including fish.

Market-Food Inspectors examined for contract requirements 748,125 lbs. of foodstuffs purchased for municipal institutions, including 305,000 lbs. of meat-food products, 441,000 lbs. of meat, fish and poultry, 632 lbs. of perishable foods, 1,200 lbs. of flour, and 293 lbs. of dairy products.

Seven thousand five hundred and forty-seven (7,547) permits were issued to food establishments.

The Slum Clearance Program in the South of Market Area was continued throughout the year. Four hundred and thirteen (413) buildings containing 12,077 living units accommodating 10,341 occupants were inspected.

This required 7,596 man-hours, 6,036 of which were charged to the inspection staff and 1,560 to the clerical staff.

Seventy (70) new cases and fifty-two (52) rehearings for condemnation were prepared and presented at nine (9) public meetings before the Director of Public Health.

Two hundred and forty-four (244) notices of correction were served on minor violations.

Thirty-one (31) buildings were condemned; four (4) demolished; sixty (60) vacated; and one hundred and seventy (170) were rehabilitated or in the process at the end of the year.

The Division examined and passed upon 1,254 plans and applications for building permits for alterations and new construction.

As indicated in the Annual Report of 1953, ten (10) additional Housing-Industrial Inspectors and four (4) additional Clerk Stenographers were needed for slum clearance, property rehabilitation and conservation. With that staff, the records and field inspections would become current by 1964 and remain so thereafter. In order to accomplish this we must have six (6) additional inspectors and four (4) additional clerk stenographers, also the necessary office equipment and transportation facilities.

DIVISION OF PLUMBING, DRAINAGE AND GAS INSPECTION

Plumbing permits issued 3,919
This is an increase of approximately 23% compared with the last fiscal year

Gas permits issued 21,333
Showing a 12% increase

Water permits issued 92
The water ordinance became effective on May 1, 1955 and the above number of permits was issued during May and June. This has increased our inspection service work load considerably

Complaints received 1,248
Showing a 2.6% increase

Condemnation reports 26
These have been discontinued due to too heavy a work load, and lack of personnel

Urban Redevelopment:
No requests for reports - possibly due to the lack of personnel in this Division.

Licenses Issued:

Master Plumbers	217
Gas Appliance Dealers	122
Journeyman Plumbers	1,100

New Licenses Issued:

Master Plumbers	17
Gas Appliance Delaers	15
Journeyman Plumbers	55

Non-remunerative Services:

A total of 3330 hours' time - equivalent to 83 work weeks has been spent on the following inspections and investigations for which no fees are received:

Condemnation reports	300 hours
San Francisco Housing projects	519 "
Plumbing Complaints	1,997 "
Gas complaints	148 "
Mosquito complaints	365.5 "
Coroner's Reports	6 "
Water complaints	4.5 "
TOTAL	3,340 Hours

Due to sickness, vacations, and increased work load, a considerable backlog of gas appliances to be inspected has been created, and this is steadily getting worse.

We should point out that in the present budget no provision has been made to fill a vacancy which will occur on January 1, 1956 through the retirement of an A-412 Plumbing Inspector. In view of the fact that plumbing permits have increased 23%, and water permits requiring inspection come in at the rate of approximately 200 a month, and gas permits have increased 12%, the loss of one inspector will greatly cripple our inspection service. Since our work load has increased enormously, and our inspection personnel will decrease 11% as of January 1, 1956. It is hoped that we may retain the present level of personnel after January 1, 1956.

It is further pointed out that during the months of May and June only 92 permits were issued for water piping. In July of this fiscal year the number of water permits increased to 196. Present indications are that the number of water permits will average 200 a month.

Due to the change in plumbing fixture, gas line, and water piping fees, the revenue has increased substantially.

Since the 1954-55 budget had no appropriation for temporary salaries, a supplemental appropriation in the amount of $400 had to be obtained in order that yearly licensing could be done. The revenue from this source is approximately $7340 per annum.

The stenographic-clerical work has increased in the office, and here again, due to the basence of temporary salaries for sickness and vacation relief, the work - particularly filing-is far behind.

Because of the shortage of personnel, several meetings of the inspection and clerical staff have been held for the purpose of finding out how best to serve both industry and the public.

If our efficient service heretofore established is to be maintained, procurement of additional personnel is mandatory.

DIVISION OF DAIRY AND MILK INSPECTION

The consumption of fluid market milk in this city for the calendar year 1954 amounted to 65,044 gallons per day, a decrease of 640 gallons from the previous year. Based on a population figure of 785,900 this represents a per capita consumption of .662 pints per person per day.

The breakdown of this gallonage is as follows:

Grade "A" pasteurized	64,986 gals.	per day representing 99.91% a decrease of	.967%
Goat milk pasteurized	58 gals.	per day representing .09% a decrease of	7.94%
	65,044 gallons,	a decrease of	.974%

In addition to the 65,044 gallons of market milk pasteurized for sale in this city, 21,165 additional gallons were processed in our plants and sold for use overseas and in other counties.

The following table outlines the daily disposition of milk, cream and fluid milk products processed in this city:

Product	Processed (Gallons)	Sold Elsewhere (Gallons)	Sold in San Francisco (Gallons)	Increase+ Decrease- (Gallons)	Increase+ Decrease- (Per cent)	Consumption Per Capita (Pints)
Market milk	86,151					
Goat milk	58					
Total milk	86,209	21,165	65,044	640-	.974-	.662
Concentrated	363	208	155	129+	460.71 +	
Half & Half	4,506	1,008	3,498	13+	.373+	.0356
Cream	1,713	339	1,374	195-	12.43 -	.0139
Nonfat	2,532	652	1,880	51-	2.64 -	
Chocolate	1,504	547	957	230-	19.37 -	
Buttermilk	1,889	502	1,387	169-	10.86 -	
Misc.Fermented	90	3	87	12+	16.00 +	
Citrus	850			161+	23.36 +	

Our market milk supply was produced on 349 dairy farms, 259 of these shipping directly to the twelve processing plants in the city, and 390 shipping through seven country skimming and cooling stations.

The dairy farms had an average score of 86.95%, the State minimum score being 70% and the city score 75%.

Under the district dairy farm inspection provisions of the Agricultural Code, our department supervised 235 dairy farms for other milk inspection services, while other services supervised 133 of our dairy farms.

Miscellaneous dairy products factories operating within the city were of the following types:

Fermented Milk Drink Factory	1
Butter Factories	2
Butter Cutting & Wrapping Establishments	4
Cheese Processing	3
Cheese Storage	6
Dairy Products Storage	1
Ice Cream Storage	5
Ice Cream Factories	55
Processing of Milk & Margarine Factories	2
Baby Formula Laboratory	1
Totals -	80

Types and number of inspections made by the staff are as follows:

Dairy Farms	10,917
Skimming & Cooling Stations	1,445
Pasteurizing Plants	1,756
Milk Wagons	436
Peddlers	-
Groceries, Delicatessens (For milk permits)	1,771
Public Eating Places (For milk permits)	147
Butter Factories	103
Cheese Factories	88
Ice Cream Factories	178
Miscellaneous	202
Complaints	83
Special Investigations	48
Conferences	82
Dairy Herds Inspected	710
Goats Examined	40
Cows Examined	56,044
Cows Quarantined	153
Cows Condemned	-
Hogs Inspected	10
Total Inspections -	74,213

Samples of milk, cream and milk products and water supplies were taken for chemical and bacteriological examination as follows:

Milk and Cream

Producers	14,493	
Skimming & Cooling Stations	341	
Pasteurizing Plants	3,035	
Milk Wagons	1,843	
Peddlers	5	
Groceries, Delicatessens	443	
Public Eating Places	105	
Total Samples		20,265

Milk Products Samples

Groceries, Delicatessens	559	
Public Eating Places	77	
Butter Factories	29	
Ice Cream Factories	109	
Cheese Factories	1	
Miscellaneous	1,044	
Complaints	27	
Sediment Determinations	2,094	
Total Samples		3,940

Rinsings

Equipment	980	
Containers	889	
Total		1,869

Water Supply Samples

Alkali Solution	27	
Dairy Farms	69	
Dairy Plants	203	
Total		299
Total Samples -		26,373

The quality of the various kinds of milk, cream and dairy products as determined by chemical analysis and bacteriological examination is as follows:

	Per cent Milk Fat	Solids Not Fat	Bacteriological Colonies Per Milliliter
Grade "A" raw milk received at skimming and cooling stations for grade "A" cream			11,500
Grade "A" raw milk received for pasteurization			11,500
Grade "A" pasteurized milk delivered retail	3.72	8.97	700
Grade "A" pasteurized milk delivered wholesale through groceries, delicatessens, hotels and restaurants	3.69	8.98	900
Goat milk raw for pasteurization	3.35	8.35	2,000
Goat milk pasteurized	3.70	8.49	1,000
Grade "A" raw cream as received for pasteurization	-	-	5,000

Milk Products Samples

Groceries, Delicatessens	559	
Public Eating Places	77	
Butter Factories	29	
Ice Cream Factories	109	
Cheese Factories	1	
Miscellaneous	1,044	
Complaints	27	
Sediment Determinations	2,094	
Total Samples		3,940

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Dairy Plants	203	
Total		299
Total Samples -		26,373

The quality of the various kinds of milk, cream and dairy products as determined by chemical analysis and bacteriological examination is as follows:

	Per cent Milk Fat	Solids Not Fat	Bacteriological Colonies Per Milliliter
Grade "A" raw milk received at skimming and cooling stations for grade "A" cream			11,500
Grade "A" raw milk received for pasteurization			11,500
Grade "A" pasteurized milk delivered retail	3.72	8.97	700
Grade "A" pasteurized milk delivered wholesale through groceries, delicatessens, hotels and restaurants	3.69	8.98	900
Goat milk raw for pasteurization	3.35	8.35	2,000
Goat milk pasteurized	3.70	8.49	1,000
Grade "A" raw cream as received for pasteurization	-	-	5,000

	Per cent Milk Fat	Solids Not Fat	Bacteriological Colonies Per Milliliter
Grade "A" pasteurized whipping cream	36.49	-	700
Grade "A" pasteurized pastry cream	36.16	-	1,000
Grade "A" pasteurized table cream	21.70	-	1,000
Combined average of grade "A" pasteurized pastry cream, table and whipping cream	31.14	-	900
Half and Half pasteurized	12.19	-	1,000
Chocolate milk and chocolate drink	-	-	1,000
Grade "A" raw skim milk for pasteurization	-	-	24,000
Pasteurized skim milk (nonfat)	-	-	500
Ice cream and Ice cream mix	12.05	-	2,000
Ice milk and Ice milk mix	6.76	-	1,000
Ices	2.08	-	400
Orangeade	-	-	98
Mother's milk (raw)	-	-	3,000
Mother's milk (pasteurized)	6.34	-	23
Concentrated milk (before past.)	-	-	1,000
Concentrated milk (pasteurized)	10.59	-	300
Strawberry drink	-	-	200
Condensed skim	-	-	30,000

The quality of our raw milk supply and finished product, as determined bacteriologically, has improved slightly over 1953; however, counts on both the raw and finished products are still approximately three times those of the pre-war period.

Several solids determinations indicate a drop in the solids content of our milk supply.

The installation of pipe line milkers and in-place cleaning systems is proceeding. These systems have introduced flavor problems which are now being remedied by redesigning the systems. This is leading to what may be termed a gravity system of milking and will necessitate some radical changes in the present dairy building regulations.

ADULT GUIDANCE CENTER

The Adult Guidance Center is a voluntary medical and psychiatric outpatient clinic for the treatment of alcoholics. The clinic, a facility of the Department of Public Health, was opened April 2, 1951 at 150 Otis Street, San Francisco.

The Adult Guidance Center in its 4½ years of operation has treated nearly 5,000 San Franciscans suffering from the illness of alcoholism. It is one of the largest clinics for treatment of alcoholism in the United States. A partial reason for this is because of the unusually high rate of alcoholism in San Francisco. It is estimated on the basis of a formula applied to our deaths from cirrhosis of the liver that there are approximately 45,000 chronic alcoholics in San Francisco. This per capita consumption of alcohol in San Francisco is exceeded only by Washington, D.C. and amounts to more than 3½ times the national average.

The officials of the City and County of San Francisco, recognizing that any health problem which affects one in every ten of its citizens over 30 years of age is a public health problem of major proportions, established the Adult Guidance Center to help cope with the city's alcoholic problem.

On the basis of a recent study of the direct costs to the community of all patients admitted for treatment in June 1954, the average patient cost the community $203.00 in the year immediately preceding treatment. If this figure could be extended on the basis of the estimated 45,000 alcoholics in the city, the annual bill in unemployment insurance, disability, welfare, arrests, and city or State hospitalization could be estimated at well over $9,000,000. This figure would involve no consideration of additional costs to the community in loss of productive capacity, absenteeism, lost wages, accidents, etc.

To deal with this problem, the staff of the clinic was maintained for 4 years at the following level: a psychiatrist-director, one full-time physician-specialist, two half-time physician-specialists, one registered nurse, three psychiatric social workers, one general clerk-typist, two general clerk-stenographers, and one porter. An overwhelming increase in the number of patients in treatment in January, February, and March of this year resulted in a budgeted increase in staff of one physician-specialist, two psychiatric social workers, and one registered nurse as of July 1, 1955.

The relative increase in patient services may be seen in the number of clinic visits by patients:

1951	14,088 visits
1952	14,403 visits
1953	17,514 visits
1954	22,261 visits
1955 (first six months)	15,360 visits
1955 (estimated total)	30,000 visits

The average patient load during 1954 was 1855 patient visits per month. There was a gradual increase in patient load during the latter months of the calendar

year 1954, with a sharp rise in January, 1955 to 2488 patient visits. In February 1955 they rose to 2642 and in March to 3326 patient visits. At this time the clinic was forced to temporarily discontinue services to new patients in order to maintain a reasonable quality of services to those for which it had already accepted responsibility. On July 1, 1955, the increase in staff permitted the reopening of intake of new patients.

Method of Operation.

Intake. A new patient is first seen by the receptionist. On arrival, he gives his name and address to her.

The patient is next introduced to a psychiatric social worker who obtains a drinking and social history and explains the clinic services. The confidential nature of the contact is stressed. Specific information for statistical evaluation is elicited at the end of the intake interview if the patient has not spontaneously provided the answers during his conversation with the social worker. In the course of the interview, the social worker determines the patient's eligibility for treatment at the clinic on the following criteria: 1. The patient must feel that he has a drinking problem; 2. The patient must express a desire to do something about his drinking problem; 3. The patient must live in the City and County of San Francisco. The patient's ability to pay for the service at the clinic or through private physician is also discussed.

Medical.

A brief medical history is taken on each new patient. Referrals for diagnosis, treatment or, occasionally, hospitalization are made when indicated. The chief aim of the medical treatment is to relieve the symptoms associated with acute and chronic alcoholism and thus enable the most rapid return to normal living. Nutritional, physiological and pharmocological approaches are used as indicated. Treatments designed to compel sobriety are not used, nor is the treatment aimed at merely palliating the hangover symptoms. The doctors and nurses are well aware of the psychotherapeutic significance of the medical contact.

Psychiatric.

Group or individual psychotherapy is available and explained and offered to each patient. If sought, therapy is usually scheduled on a weekly basis and treatment is carried on by either psychiatrists or psychiatric social workers.

Counseling and Psychotherapy for Relatives.

Since family relationships of alcholics often present problems, counseling and psychotherapy are offered, where indicated and sought, to members of the patients' immediate families. Such services, while of direct benefit to the person receiving them, are usually also very beneficial to the alcoholic patient.

Consultation and Services to Other Agencies.

Close cooperation and inter-staff contact is maintained with most agencies in the city which may have a problem in which alcoholism is involved.

Public Education.

Staff members are made available for speaking and educational assignments on the subject of alcoholism for interested groups such as nurses, doctors, medical and

other students, rehabilitation workers, agency staffs, schools, colleges, service clubs, and medical societies.

Sources of Referral.

The patients represent a fair cross section of the city's population according to social and economic levels, with perhaps the exception of the upper class alcoholics who are able to pay for private sanitaria or medical care. Patients are referred to the clinic from Alcoholics Anonymous and from all psychiatric clinics in the city. Referrals are also made by private physicians, the courts, municipal social agencies, newspaper and radio publicity, former patients, friends, relatives, the city-county hospital, the district attorney's office, the jails, probation and parole officers, employers, unions and similar other sources.

Research and Evaluation.

The active case load is expected to average approximately 900 cases during the rest of this year. About 35 to 40 new cases apply to the clinic each week. About 125 patients are seen each day. 25% of the total patient caseload are women.

The age range of patients is from 19 years to 79 years. The average patient is 44. 25% of all patients were born in California, the remainder have been here an average of 17 years. The average patient has had a serious drinking problem for ten years before seeking clinic treatment.

2/3 of the patients were unemployed on first contact with the clinic. They were unemployed an average of 10 weeks (72 days). The average wage loss in that time was $742.50 per patient. Of the unemployed patients, 2/3 were re-employed in an average of 10 days following clinic contact. For the average patient cost to the community, statement might read as follows:

Cost before Clinic Contact

$742.50	loss of income (10 weeks)
$203.00	direct cost to community
$945.00	loss

Average cost of treatment per patient in 1954 was $68.00

A rough extension of these figures would suggest a minimum return to the City and County of San Francisco of $10.00 gain for every dollar spent in treatment of alcoholic patients. Additionally, it might be noted that the average employed patient lost 22 days from work in the year prior to treatment, due to illness associated with excessive drinking. This represents an estimated loss to employers of productive capacity of $326.70 per patient.

Prevention of Alcoholism.

In addition to community education through talks, lectures and cooperation with other agencies by the clinic staff, a more direct preventative function is served by treating alcoholics. For instance, 64% of the woman patients and 44% of the men patients come from homes where one or both parents were alcoholics. It can then be seen that there is a high correlation between alcoholism in the home and the development of alcoholism in the children. Since 60% of the clinic patients have an average of 2 children each, treatment of these parents today can be presumed to

be a major factor in preventing future alcoholism developing in these children. Similarly, alcoholism in the home is a major factor in juvenile delinquency. Some significant proportion of the recently reported 25% drop in juvenile delinquency in San Francisco may be attributed to the treatment of alcoholic parents at the Adult Guidance Center, enabling them to fulfill their proper parental roles.

During the current fiscal year, the Department will cooperate with the State Alcoholic Rehabilitation Commission in conducting a research program to determine how effective our program is and how it may be improved. The State will allocate almost $50,000 to pay for the cost of this study, which will be of great benefit to the people of San Francisco as well as to the State as a whole.

EMERGENCY HOSPITAL SERVICE

The Emergency Hospital Service of this department serves the people of San Francisco through six hospitals, its fleet of ambulances, and a staff of well qualified physicians, nurses, stewards, and drivers. One of the hospitals is only operated on weekends and holidays during the season when there is a considerable population in the vicinity of Ocean Beach and Fleishhacker Park.

The total population served in 1954 was 90,894 people, which is approximately 2500 less than in 1953 and 5500 less than in 1952. This amounts to an average daily admission of 249 persons, of whom approximately two-thirds walked into the hospitals or were brought in by their own transportation. Approximately 80% of these patients stayed in these hospitals less than one hour, and 23.8% were considered to be suffering from major disabilities or accidents, and 72.6% from minor injuries or illness. Less than ½ of 1% of the patients treated were non-residents.

There were 32,850 ambulance calls, of which ~~27%~~ 67% resulted in the transfer of patients from either the site of the accident or the home of the affected person to one of our emergency hospitals or to the San Francisco Hospital. Approximately 10,000 ambulance calls of these ambulance trips involved the transfer of patients between emergency hospitals or between other institutions operated by this department.

In the fiscal year 1953-54, we deleted one position from this budget; the Assistant Chief Emergency Hospital Surgeon. Following the death of the Chief Surgeon early in the present fiscal year, it was determined that this position would not be filled, the medical supervision being provided by the administrative personnel of this department. The supervision is being provided by the Assistant Director of Public Health. This change places additional responsibility for supervision and administration upon the Chief Steward and the Senior Steward. We intend to seek reclassification of these two positions in order to provide for proper recognition and compensation for their expanded administrative and supervisory responsibility. A request for the extension of the hours of these two positions to a 44-hour week has been recommended by this department and by the Chief Administrative Officer.

The Department anticipates cooperating with the City Planning Commission in a study to determine the possible relocation of existing emergency hospitals in line with needs based on the shifting relocation of population in San Francisco. It is not anticipated that any increase in the number of hospitals will be needed, nor have present studies revealed any justification for a decrease in the number. However, it is anticipated that relocation of one or more of them may be justified.

We believe that a note of appreciation should be made to the services of Dr. Edmund Butler, the Chief Emergency Hospital Surgeon, who died on July 31, 1955. Dr. Butler served with this department in the Emergency Hospital Service as its Chief Surgeon since 1920, a total of 35 years. In 1919 the Emergency Hospital Service handled 47,903 cases. During the period of its expansion under Dr. Butler, the scope of its activities doubled. The people of San Francisco owe a debt of gratitude for the fine leadership given this service by Dr. Butler during his period of service.

COMMUNICABLE DISEASES

The past year has been a very active one in the field of communicable disease control. Although the total incidence of all communicable disease has shown a decline, nevertheless a concentrated epidemiological attack has in many instances required much more personal interview time. We feel that this approach has contributed greatly towards the constantly improving health situation in San Francisco.

The venereal disease program was reorganized in order to utilize curtailed manpower most effectively. Fortunately, some advances in the treatment sphere of venereal disease has enabled us to conduct a more effective control program.

Although the incidence of syphilis has dropped somewhat, that of gonorrhea has remained high. This situation is in keeping with that occurring thoughout the nation. In our local problem, the number of new patients examined and treated in our clinic remains high. Due to the new therapy measures, the number of follow-up treatments has declined. Thus, the total clinic visits is reduced although the number of initial time-consuming examining visits remains relatively high. The so-called gonorrhea Speed Zone Epidemiology plan has been instituted with most favorable results. In this work extensive efforts are made to locate and treat the contacts of early infectious acute gonorrhea within the period which the penicillin will probably keep him non-infectious (about 24-72 hours). Infected males are interviewed for contacts made during 6 days prior to the onset of symptoms. Special efforts are made to locate and treat these contacts within 24-72 hours. An unsolved case is closed as a "failure" after the expiration of 5 days from the day the contact reported is untreated. The contact is examined and a culture is taken and is treated on the examination day (on the patient's consent basis) without waiting for laboratory results. Of these contacts, 44% have been found to have positive cultures. This new program has been successful in finding about one (1) contact (source) for every case diagnosed. We contemplate utilizing this plan for the women patients that are held by the Police Department on morals charges.

The poliomyelitis immunization program was organized in consonance with the National Polio Foundation plan to provide S lk vaccine for the first and second grade children in all public, parochial and private schools of the nation. In San Francisco the parents of some 20,000 children requested our department to perform the immunization. The plan of operation was early devised and the work well along when the confusion occurred. The program was immediately interrupted and not resumed until a clearance on our particular supply of vaccine was received from the Surgeon General's office. Upon resumption of the inoculations approximately only 50% of the remaining eligible children delivered consent slips to receive the inoculation. Thus, a total of some 16,000 children received the first dose of the series. While the rest of the nation was in somewhat of a panic due to the appearance of inoculation polio, we fortunately have not had a single case here in a vaccinated child. Since it is administratively impractical to resume this program during the vacation period, and since the usual polio outbreaks in our community have occurred in the Fall, it is our plan to delay the second inoculation until the end of this year. By so doing, the children will be available in the schools and the epidemic period, we trust, will have subsided and the United States Public Health Service Laboratory will have had ample time to have removed all question of the safety of the vaccine from the public's conscience.

During the past year, the tuberculosis program has been broadened and improved. Formerly, the Tuberculosis Control Division did not have complete supervision of certain families receiving service under the school health program. Due to these circumstances, a uniform approach to the program of tuberculosis control among the

school children was administratively difficult. The case finding in the school in the Children's Health Conference was usually the responsibility of the Bureau of Child Hygiene. With the responsibility for the tuberculosis control measures of all patients now co-ordinated in one division, much improvement has resulted. The emphasis on case finding has been shifted to those areas and groups showing the greater case incidence; this includes the census tracts harboring minority groups as well as some involving those people in lower incomes.

The patients admitted to the hospital, especially the San Francisco Hospital, and the inmates of the jails are receiving special attention. In the San Francisco Tuberculosis Hospital, new emphasis is being placed on the personal problem of the patient. By solving the home, marital, and economic difficulties of the patients we find them less likely to leave the hospital against medical advice. A coordinator of patient services has been functioning (donated by the San Francisco Tuberculosis Association) and some attention is being given to rehabilitation efforts. New drug therapy and advances in surgical collapse treatment has done much to shorten the hospital period of these individuals. Many are now being transferred to home and clinic care. We recognize fully the dangers inherent in this type of operation. We are also fully aware of the dangers of a reversal of a negative sputum situation. It is consequently important that these ambulatory patients receive much more supervision both in the home and in the clinic lest they serve as foci of new cases.

A new study has been undertaken in the field of home accidents. Since this is really a preventable field, it was decided to institute an epidemiological program. A personal investigation was made on all patients presenting themselves at our emergency hospitals suffering from the results of what was classified as a home accident. The epidemiological approach was to ascertain the nature of the accident, the situation or circumstances surrounding the accident, and the provocative and causative events producing it. After a thorough analysis of the case in the home and in the presence of the victim, a statistical compilation has been attempted. We are now in the process of studying the facts to draw some conclusions.

As a result of this study, it is planned to initiate a program directed towards home accident prevention during this coming year. We contemplate utilizing not only the Bureau of Communicable Diseases but many others. A community educational program will undoubtedly involve civic and community organizations as well as the School Department and the Parent-Teacher Association. We should like to see our city lead in establishing a new health record in this field.

REPORTABLE DISEASES - SAN FRANCISCO, 1953, 1954

INTERNATIONAL CODE NUMBER		1954 Cases*	1954 Rate#	1954 Resident Deaths	1953 Cases*	1953 Rate#	1953 Resident Deaths
087	CHICKENPOX	2686	342.0	0	2309	294.6	0
133	COCCIDIOIDOMYCOSIS	0	0	0	0	-	1
055	DIPHTHERIA	6	0.7	0	8	1.0	1
-	DIPHTHERIA CARRIER	0	0	0	0	-	0
764	DIARRHEA, EPIDEMIC OF NEWBORN	0	0	1	1	0.1	1
041-42	SALMONELLOSIS	49	6.2	0	70	8.9	1
045	DYSENTERY, BACILLARY	68	8.6	0	151	19.3	1
046	DYSENTERY, AMOEBIC	4	0.5	0	3	0.4	0
-	ENCEPHALITIS, ALL FORMS	13	1.6	2	7	0.9	0
353	EPILEPSY	54	6.9	3	82	10.5	14
049.2	FOOD POISONING	11	1.4	0	12	1.5	0
086	GERMAN MEASLES	469	59.7	0	911	116.2	0
092	HEPATITIS INFECTIOUS	57	7.3	3	55	7.0	2
480-3	INFLUENZA	18	2.3	2	83	10.6	8
085	MEASLES	4269	543.2	0	3477	443.7	2
057	MENINGITIS, EPIDEMIC	14	1.8	4	27	3.4	5
089	MUMPS	1331	169.4	0	2925	373.2	0
490-493	PNEUMONIA	320	40.7	235	295	37.6	310
080	POLIOMYELISIS	149	19.0	5	118	15.1	11
096.2	PSITTACOSIS	7	0.9	0	0	-	0
400-2	RHEUMATIC FEVER	30	3.8	9	28	3.6	8
050	SCARLET FEVER	308	39.2	0	241	30.8	0
051	STREPTOCOCCIC SORE THROAT	61	7.8	0	26	3.3	1
095	TRACHOMA	5	0.6	0	1	0.1	0
128	TRICHINOSIS	11	1.4	0	14	1.8	0
001-008	TUBERCULOSIS, RESPIRATORY	664) 785	84.6	97	645	82.3	138
010-019	TUBERCULOSIS, OTHER FORMS	121)	15.4	17	62	7.9	6
040	TYPHOID FEVER	3	0.4	0	1	0.1	0
-	TYPHOID FEVER CARRIER	2	0.3	0	1	0.1	0
044	UNDULANT FEVER	2	0.3	0	0	-	0
056	WHOOPING COUGH	105	13.4	1	107	13.7	0
	VENEREAL DISEASES:						
030-5	GONOCOCCUS INFECTION	1532	194.9	0	1794	228.9	0
020-029	SYPHILIS	347	44.2	48	604	77.1	37
030-039	OTHER VENEREAL DISEASES	53	6.7	0	122	15.6	1
	OTHER REPORTABLE DISEASES	7	0.9	4	4	-	0
	TOTAL CASES REPORTED	12,778	(1628.1)		11,533	(1471.6)	

* Cases and Deaths Corrected for Residence.

\# Rates per 100,000 Population.

PULMONARY AND OTHER TUBERCULOSIS
BY AGE, COLOR AND SEX IN
SAN FRANCISCO - 1954

		TOTAL	UNDER 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 & Over
WHITE	PULMONARY	473			1	3	8	26	22	29	36	48	44	60	61	43	39	51
	OTHER	71		8	11	7	2	3	7	10	1	4	1	5	2	1	8	6
CHINESE	PULMONARY	82			1		7	10	11	10	7	3	6	1	5	3	3	10
	OTHER	17		5	1		1	1		4	1			2		2		
NEGRO	PULMONARY	66			1	2	1	7	13	12	7	8	6	6		1	1	1
	OTHER	22	4	5		1		2	3	1	1		2	3				
FILIPINO	PULMONARY	14			1			2	1	2			5	1		1		1
	OTHER	4		2						1					1			
JAPANESE	PULMONARY	12						1	5	3	2							1
	OTHER	5			1				3				1					
MEXICAN	PULMONARY	4						2	1	1								
	OTHER	1					1											
OTHER	PULMONARY	11							3		3	1	2		1	1		
	OTHER	3		1					1			1						
TOTAL	PULMONARY	662			4	5	16	48	56	57	55	65	63	70	67	49	43	64
TOTAL	OTHER	123	4	21	13	8	4	6	14	16	3	5	4	10	3	3	3	6
GRAND TOTAL		785	4	21	17	13	20	54	70	73	58	70	67	80	70	52	46	70

LABORATORIES

Briefly, the following hospitals and Divisions are served by the Public Health Laboratories.

1. San Francisco Hospital - diagnosis of venereal diseases; diphtheria enteric and parasitical infections; tuberculosis.
2. V. D. Clinics - Serological and bacteriological diagnosis of venereal diseases, darkfield examination, urinalysis, complete examination of spintal fluid and blood counts.
3. Hospitals and Private Physicians - blood tests.
4. Youth Guidance Center Routine laboratory examination of all entrants for venereal and intestinal diseases.
5. Tuberculosis Division - tuberculosis hospital, tuberculosis clinic, Hassler Health Home, Laguna Honda Home, private groups and physicians, and Stanford Hospital Chest Clinic. Cultures and smears of tuberculosis.
6. Checks and confirmation of parasitical or bacteriological examinations made at other hospitals.
7. Routine milk examinations: including juices, chocolate milk, cream, milk, skim milk and milk products.
8. Routine water examinations; city drinking water, swimming pools, bottled waters, wells, and sumps.
9. Cup and glass rinses from bars and taverns.
10. Food poisoning; examination of foods and drinks suspected of causing bacteriological food poisoning. Examination of excreta of such persons handling food for evidence of such bacteria.
11. Rabies: brains of all animals (sick of killed by accident) where there is a history of human bite, even if animals displayed no symptoms of rabies.
12. Blood tests for School Rheumatic Heart Clinic.
13. Bureau of Communicable Diseases: examinations for whooping cough, diphtheria, follow-up examination of previous enteric diseases cases and carriers.
14. Supervision of trainees; i.e., students who have graduated from an accredited university and who must have six months' supervised experience.

Materials end Supplies.

Large quantities of highly purified chemicals, and special glassware are necessary in the performance of all these delicate tests. The prices of such supplies rise practically with each order, yet the budget for such materials has not been increased for several years. In spite of a deficit in funds last April (1955), the 1956 budget was cut $300.00 for above supplies. We doubt that we can carry on our service without additional funds during this fiscal year.

Chemical Laboratory

The Chemical Laboratory is located at the San Francisco Hospital and provides chemical analyses involving enforcement of the food sanitation act and the Milk Code, and provides services relative to examination of water and sewage, stomach contents, and cases of ingestion of poisons or of contaminated or adulterated foods. Of the more than 23,000 tests performed in the Chemical Laboratory last year, approximately one-sixth were done on milk and milk products as a part of our milk and dairy control program. About one-third of the examinations were on gastric contents. Assistance is given to the Police Department also in the examination of those charged with violation of motor vehicle laws while under the alleged influence of alcohol.

Following are some statistics on the work performed by the laboratories:

BACTERIOLOGICAL AND SEROLOGICAL

	Specimens Received	Tests Performed
1953	100,615	198,941
1954	99,121	236,027

CHEMICAL

1953	8,537	21,653
1954	5,419	23,068

Theseparation of the Chemical Laboratory and the Bacteriological laboratories geographically requires additional personnel time in the transportation of milk specimens upon which bacteriological examinations are done at 101 Grove and chemical examinations are done at the San Francisco Hospital. It is important that these two laboratories be consolidated in the interests of efficiency.

The location of both laboratories at San Francisco Hospital would have some advantages also in that bacteriological and serological specimens from the patients at San Francisco Hospital would not have to be transported to the Central Office for bacteriological examination. The majority of specimens undergoing such examination other than dairy products are from patients at San Francisco Hospital.

BUREAU OF MATERNAL AND CHILD HEALTH

PERSONNEL

The number of positions remained the same during the year 1954 and consisted of:

1 - Director - Full Time
5 - Physician Specialists - Full Time
21 - Physician Specialists - Part Time

1 - Chief, Dental Division - Part Time
10 - Dentists - Part Time
4 - Dental Hygienists - Full Time

4 - Psychologists - Full Time
1 - Psychologist - Part Time

2 - Medical Social Workers - Full Time

3 - Audiometrists - Full Time

8 - Clerical Workers - Full Time
2 - Clerical Workers - Part Time

During the last year, two of the part time Physician Specialists have been assigned to the Eye and Ear Center, two part time Physician Specialists to Mental Hygiene Division, three part time Physician Specialists to the Cardiac Diagnostic Center, one part time Physician Specialist to City College and one part time Physician Specialist loaned to Tuberculosis Control. The remaining 15 part time Physician Specialists and the five full time Physician Specialists were assigned to the child health conferences and school work.

The administrative continuity was disrupted in the middle of the year with the retirement of the Director. No permanent replacement was made in this position during the balance of the year.

Three part time Physician Specialists resigned and were replaced. Three new part time physicians were employed during the year 1954 which made our orientation to the Department easier than in some past years when many changes of personnel occurred.

PROGRAMS

Because of the variety of programs under the Bureau of Maternal and Child Health each program is briefly described separately. The Bureau of Maternal and Child Health and the Bureau of Public Health Nursing work closely together on many of these programs; therefore activities in the fields of maternal health, child health conferences and school health are described jointly.

A. Maternal Health

1. San Francisco Hospital

During the year 1954 there were 1644 births at San Francisco Hospital, an increase of 100 over 1953. 302 or 19 percent of these were non-clinic; at least were not registered at our Prenatal Clinic at San Francisco Hospital.

One of the major problems among these births was the occurrence of 200 premature births. (Prematurity is defined by us in this case as a baby weighing less than 2500 grams, or 5 pounds 8 ounces.) This number of prematures would be about 12.8 percent of the total deliveries at San Francisco Hospital as compared with 7.5 percent total premature births in San Francisco during the same period. Of these 200 premature births, according to our records, about 36 percent were non-clinic patients. This is significantly higher than the number of non-clinic patients in the deliveries as a whole in San Francisco Hospital. A study of this situation would be very valuable but will require additional physicians, public health nurses and clerical time.

2. Parents' Classes in Health Centers

There were 232 sessions of Parents' Classes with a total attendance of 1654. These classes are conducted by the Bureau of Public Health Nursing. The Bureau of Maternal and Child Health participated in the classes conducted at the Sunset Health Center during the year 1954. This was the first instance of physician participation in these classes and was felt to be very successful. Further participation by full time physicians in these classes, particularly with regard to the sections of Anatomy, and Physiology of Labor and Birth, is anticipated in other centers. The major responsibility for planning and conducting the classes will remain with the Bureau of Public Health Nursing.

B. Child Health Conferences

There were 35 child health conferences scheduled each week in 17 different locations staffed by physicians and public health nurses. One child health conference which had been conducted during 1953 was discontinued during 1954 because the temporary housing project in which it was held was closed and the people relocated to other projects. The case load did not decrease. There was a total attendance of 46,019 children at 1700 sessions, making an average attendance of 27.07. The child health conferences are for well children. They are immunized against diphtheria, whooping cough, tetanus and smallpox. Tuberculin tests are also given, as prescribed by physicians. A total of 16,457 injections of Diphtheria-Pertussis-Tetanus were given; 5,131 smallpox vaccinations were done; and 16,123 Tuberculin Tests were administered. Of the above injections, 3,863 of the diphtheria toxoid injections were given in schools and 7,844 tuberculin tests were done in schools. In the smallpox vaccination program, 1,040 vaccinations were done in schools.

An appointment system was started at the new Sunset Health Center Child Health Conference in July of 1954 which proved very successful. It was felt that an appointment system has many advantages; patients wait shorter length of time, the physician is able to spend more time with each family and thus the educational aspects of the child health conferences are emphasized. It means, however, that additional clerical and nursing time is needed for effective operation. The Bureau of Maternal and Child Health has no clerical staff budgeted to health centers.

Simply looking at the average attendance at the child health conferences throughout the City does not give a clear picture of the problems and needs in conducting child health conferences in any one area in the City. The individual attendance at child health conferences is varied from as few as seven to as many as fifty. The appointment system spread to every child health conference in San Francisco may help to modify some of this inequality in attendance and in addition would spread out the number of mothers and children waiting at any given period of time.

C. School Health

Services of school physicians and public health nurses were provided to 196 public and parochial schools during the school year 1954, with an average school population of 105,000 students. This is an increase of 2,802 students over the year 1953. Seven new schools were built, two of which were replacements of old buildings. During this year 18,669 examinations were given by our physicians including 735 examinations by our Cardiologists in a survey at one specific junior high school. No accurate figures are available as to the follow-up of corrections of the defects found by our physicians in the examinations which were given.

Two specific types of school health programs were in effect during the year as has been true of the past several years. In general, it has been observed that very few teachers who are involved in the so-called Teacher Observation Program have kept their records up to date and requests made to the Department of Education administrative personnel for extension of the Teacher Observation Program to other schools were denied in several instances. Another problem in the administration of our two types of school health programs has been the confusion in use of two types of records and in the orientation of school physicians in the objectives of a total school health program when two such different programs have been in operation.

An important problem in the field of eye health has been the State Department of Education requirement that the child should have a vision screening done through the schools on a yearly basis. Since only 23,500 youngsters, or less than 25 percent of our school population in San Francisco, had a vision screening in the schools during 1954, we obviously do not meet this

requirement. During 1954 the Director of the Bureau of Child Hygiene and the Director of Public Health Nursing worked with the Department of Education in adopting the procedures as outlined by the State Department of Public Health in "Vision Testing" as the procedures to be applied in the San Francisco schools. Classes for training teachers to assist in vision testing were initiated and certain schools were picked by the Department of Education to participate in this program. Public health nurses arranged and conducted the classes except for the instruction by the physician. Two different sessions of a course in vision screening for public health nurses were arranged through the Extension Division of the San Francisco State College, and sixty nurses took this course, partly on their own time and partly on Health Department time, but at their own expense.

D. School Audiometric Testing

During 1954, 41,561 hearing tests were given in 67 public and parochial schools. This means that children in our schools are tested about once every two years by our Audiometrists. 879 youngsters were referred to the Ear Center or private Otologists for follow-up examinations as a result of the audiometric survey in the schools.

E. Dental Division

A new program was worked out jointly during 1954 with the Dental Division and Crippled Children Services. Under this program a preliminary screening of all youngsters who apply for orthodontic care under Crippled Children Services is done first by our Dental Division and then further screening of doubtful cases is done by a monthly Screening Board of Orthodontists from the Orthodontic Section of the San Francisco Dental Society. This program has taken the time of one dentist from our Division one half day a week. From July 1953 to July 1954, 424 children were accepted for diagnosis under Crippled Children Services, while from July 1954 to July 1955 only 232 children were accepted for diagnosis under Crippled Children Services. This is a reduction of 192 cases, or 46 percent, and indicates much better initial screening for orthodontic problems.

The total services rendered by our Dental Division in the last fiscal year have increased in all respects from the previous fiscal year. Total attendance has increased from 24,677 to 26,474, while the number of new cases seen has increased from 6,823 to 7,290. More work in the field of dental health education, particularly in the child health conferences and in the schools, is anticipated during the coming year.

F. Diagnostic Centers

Ear and Eye Center: During the last year the physician who served in both the Ear and Eye Center resigned and was replaced by two different young specialists who are also in private practice.

At our Eye Center, 158 conferences were held during the year with an average attendance of 12 children. A total of 2,008 children were examined during the year. Most of the referrals to the Eye Center have come to us through public health nurses and school physicians and very few through private physicians. Of the total number examined, 791, or almost 40 percent, were referred on for further refractions or eye care by their private physician or clinic. The interest of parents in this Diagnostic Center is shown by the fact that 85 percent of the children were accompanied by their parents, therefore the emphasis has been placed on education of the parent and child in eye health and care. It has always been helpful in securing the necessary correction of the eye defect when the explanation of the need for such correction can be made directly by the physician to the parent.

Ear Center: During 1954 a total of 127 conferences were held by the Ear Diagnostic Center with a total of 1,285 examinations being done. Of these children 806 were found to have more than a ten percent loss of hearing in one or both ears, and 629 of these were referred on for further care. No figures are available as to the percentage of children who received recommended care.

Cardiac Center and Cardiac Registry: The purpose of the Cardiac Diagnostic Center is to provide diagnosis only for preschool and school age children in San Francisco who are suspected of having cardiac disease and are in need of a diagnostic examination. During the past year, 39 conferences were held in the Cardiac Center; 228 new cases and 596 reexaminations were done. Three part time Physician Specialists were assigned from the Bureau of Maternal and Child Health for this work.

Since 1946 the San Francisco Department of Public Health has maintained a registry which includes the names and diagnoses of all children who have had rheumatic fever, rheumatic heart disease or congenital heart disease. Their present medical status and disposition, including medical care, is noted. This registry has made possible, (1) an accurate registry of all children in San Francisco with these problems, (2) an accurate determination of the needs of these children, and (3) an attempt to meet any unmet needs.

In 1953 and through 1954 the San Francisco Department of Public Health began the distribution of prophylactic drugs to those children on the Crippled Children Service program who require them for the prevention of recurrence of rheumatic fever. Since that time there has been an apparent decrease in the number of recurrences of rheumatic fever in San Francisco. It is too early to tell whether this apparent decrease is actual, and further extension of the program is indicated.

Chest Diagnostic Center: During the last year the Chest Diagnostic Center, which had for many years followed youngsters with positive tuberculin tests, was discontinued. The burden for evaluating these children was placed on our physicians in the districts, chiefly in the child health conferences. All of our physicians have felt that the program as operated under Dr.

Brauner was most unsatisfactory for follow-up of the school age child with a positive tuberculin test. Our child health conferences have been swamped with school age children having tuberculin tests and screening examinations. As many as 125 tuberculin tests on school age children have been done in one center during one month and as many as 700 have been done in all of our child health conferences during a month.

G. Mental Hygiene

During 1954 a total of 564 children and their families were seen through our Mental Hygiene Division which included 368 new cases. 616 psychological tests were given. Our Mental Hygiene staff spent 2,274 hours interviewing children and their parents, in addition 1,629 conferences were held with public health nurses, teachers and others interested in the referrals. Our staff attended 166 court hearings during this time. Other services given by this division included, serving on community organizations, lectures and in-service training and consultation to our own staff of public health nurses and physicians. It is of interest to note that 166, or over 29 percent of the 529 children seen by our Mental Hygiene Division during 1954 were under the age of six years. We feel that by attacking the problems which arise in young children we have some hold in preventing serious personality maladjustments in older children and adults. More time was spent by our Mental Hygiene staff during the last year in in-service training and consultation with our public health nurses and Bureau of Maternal and Child Health physicians. We feel that this is good use of the time of our Mental Hygiene staff so that the nurses and physicians will be better trained to recognize and correct the problems which they encounter in the field.

UNMET NEEDS AND FUTURE PLANS

1. Our present assignment of physicians in the Bureau of Maternal and Child Health to work in specific health centers has resulted in better coordination of both medical and nursing staffs working together through these various centers. Each physician now has a variety of responsibilities involving all ages of children rather than the former system of having one physician attend to preschool children, another to infants, and still another to school age children. The improvement of our records system and the increased quality of work has placed an extremely heavy load of clerical activities upon the public health nursing clerical staff, who have for a long time been serving in these districts. It is necessary, therefore, that additional personnel be made available to provide clerical work for the personnel in these districts. This will involve requests next year for increased clerical personnel in the Bureau of Public Health Nursing and in the Bureau of Maternal and Child Health. Our request for clerical help in the Bureau of Public Health Nursing last year was denied.

2. It is anticipated that when the position of Chief of the Division of Tuberculosis Control is filled on a permanent basis, a position of part-time physician now assigned to the Chest Diagnostic Center at 101 Grove Street will be released to assist in the

tuberculosis control program as it involves children of school age and preschool age. Increased attention must be paid to the control of tuberculosis in children of school age.

3. Prematurity is one of the greatest causes of infant deaths and particularly neonatal deaths (deaths in the first month of life). The Bureau of Maternal and Child Health anticipates working with the staff at San Francisco Hospital and with the staffs of private hospitals to review infant and neonatal deaths related to prematurity, in order to try to reduce this cause of death. We believe that a program of study should be initiated in order to determine the problem and subsequently to plan a course of action in cooperation with the medical profession and hospitals of San Francisco to reduce this cause of death. It will be necessary in order to carry on this activity to have additional professional and clerical personnel, and it is hoped that a project can be developed that might be of interest to either some private foundation or to the United States Children's Bureau in order to secure financial aid.

4. There are many problems connected with the operation of our Child Health Conferences upon which we are devoting study. In some of the health centers, we have initiated an appointment system which has worked out fairly well but which will require increased public education before it is as effective as we would like to make it. The appointment system will be extended to other health centers during the coming year.

   The lack of a health center in the Richmond District makes it very difficult to serve the population requiring our services who live in that area. At the present time, many of these people are required to travel over to the Marina area in order to utilize our services. We have been unable to locate a satisfactory place as yet, but as soon as a building suitable for our use can be found, it is expected that we will request the funds necessary to enable us to establish a health center suitable at least to enable us to provide child health conferences in that area.

   Another plan being considered is the group approach in handling the problem of parents with preschool children. We expect to initiate some group work with parents on the problems of two, three, and four year old children in some of our health centers in the hope that this process of education will reach more people with less staff time involved. This, however, cannot be a substitute for child health conferences, where physician and nurse consultations are given to individual parents.

   We are also planning on evaluating the economic status of people whom we serve in some of our health centers to determine whether or not we are reaching those who need our assistance the most and also whether or not our services are becoming a substitution for those of the private family medical advisor.

5. The provision of school health services is one of our biggest problems. This involves medical, nursing, and dental services for more than 110,000 school children in the public and private schools. The close cooperation between the administrative personnel of this department, the San Francisco Unified School District,

and the Archdiocese Department of Education will resolve many of these problems. We anticipate changing the record systems into one consolidated system and we expect also to step up the vision testing program, which has increased enormously during the past two years. The San Francisco Medical Society has established a School Health Committee with which we will work in determining the ways and means of solving problems concerning both private practice of medicine and this department.

6. Effective July 1, the Chief of our Dental Division became a full-time employee of the department. Changes in our Dental Health Program are already under way which will place greater emphasis on the educational aspects required to reduce dental caries and other dental problems in children. There is one area of low economic status in which an increase in dental service is needed, but we cannot provide this service until we receive additional personnel and some equipment. We anticipate also the establishment of a method of economic screening in order to determine that direct dental services will not be provided for those who should properly be securing them from their family dentist.

7. The department during this current year will assume the responsibility for audiometric testing for all the children in San Francisco public schools, including those in special classes, and will provide for the re-testing of high school students which were formerly done by the San Francisco Unified School District. This is a proper function of the Health Department, which carries the responsibility of providing medical and health services for the School District. The present equipment that we have for testing hearing is obsolete and in need of constant repair, and it will be necessary, therefore, that this equipment be replaced and some additional pieces of equipment be provided in order that we may meet this need.

8. In addition to personnel needs in the field of clerical work and possibly in some aspects in statistics, the Bureau of Maternal and Child Health has particular need for an Assistant Chief in charge of the school health program, which because of its broad scope and the many agencies with which it is concerned, requires more time than the chief of this bureau can properly devote. The gradual increase in school enrollment and the increase in the number of schools, coupled with our greater attempts to meet the many problems arising with school age children further justifies this position.

BUREAU OF PUBLIC HEALTH NURSING

Personnel

There is no change in the number of staff of the Bureau of Public Health Nursing for the year. It consists of:

1 Director
1 Assistant Director
1 Supervising Nurse functioning as an Educational Director
17 Supervising Nurses (10 generalized
7 specialized serving as consultants
116 Staff Nurses (3 paid by Child Care funds
2 paid by Unified School Department for assignment to secondary schools)
11 Clerical Workers
6 Porters

During the year, 17 staff nurses left for the following reasons:

2	Moved from the City
8	Accepted other positions, usually at higher salaries, and each time for a shorter work year
3	Retired
1	Maternity
1	Died
1	To attend school
1	Illness
17	Total

The total nursing staff is assigned to ten district health centers and gives generalized public health nursing service, with the following exceptions: Two nurses are assigned to Tuberculosis Survey, one to the Venereal Disease Control Program, and four to the Diagnostic Centers. These include chest, cardiac, and ear and eye diagnostic services. Public health nurses are also assigned to each session of the Prenatal Clinic four times a week, and to the Pediatric Clinic five times a week. Their duties consist of interviewing patients for instruction, and relaying information regarding their condition to the nurses in the districts in which the patients live. Thus, generalization of the nursing service has been completed during this year.

In general, the nursing service is divided into three major areas:

Maternal, Infant and Pre-School Nursing Service
School Nursing
Communicable Disease Control

The base of the case load is family health service and in each individual nurse's district she performs whatever nursing service is required to her families.

In the programs of maternal and child health work and school health services, the reports of the public health nursing services have been combined with those of the Bureau of Maternal and Child Health.

Public Health Nursing Visits

A total of 69,129 home visits were made by the public health nurses, which is an increase of 5,613 over the previous year. There were 45,909 office visits made to nurses' stations, which is an increase of 19,665 over the year 1953; however, during the calendar year 1954, the nurses were asked to keep an account of the visits made to the schools for nursing service. In previous years, conferences with parents or children in school were usually counted under the general category of number of hours spent in schools.

As stated in last year's report, the tabulation of the visits from the nurses' daily time sheets is a very time-consuming, dreary job, inasmuch as it is done by hand. It is done four times per year and the total is multiplied by three to get the above annual figures.

Communicable Disease Control

In the field of tuberculosis control, emphasis was changed from case finding through X-raying of whole populations, to that of concentrated follow-up on contacts to known cases. It is being shown that X-raying of whole populations is very expensive, considering the number of active cases that are found. In the Fall of 1954, a Prediagnostic Screening Clinic was inaugurated in the chest diagnostic center. Positive tuberculin test reactors and contacts to cases of tuberculosis were X-rayed and examined. Children who were contacts were referred to their nearest child health conference for tuberculin testing and examination, rather than being referred to the Chest Clinic when they could not afford private medical care.

The scheduling of these examinations and the follow-up required an increased amount of nursing time and a great deal of exacting clerical work, but gave a better service to the patient. The follow-up of return visits by contacts was previously the responsibility of the staff at the San Francisco Hospital Chest Clinic.

Immediate follow-up of all A.W.O.L. patients from tuberculosis hospitals was instituted in 1954, and quarantine orders were issued on patients who needed to be isolated. Patch testing of children under one year of age was done. Previously, tuberculin testing with O.T. was routine for children of all ages.

Venereal Disease Control

South of Market Health Center activities were more closely integrated with venereal disease control. The public health nurses formerly assigned to venereal disease interviewing are now doing generalized public health nursing. Each South of Market nurse now has assigned time in the venereal disease clinic.

Home Accident Survey

During the home accident survey 2,892 follow-up visits were made to patients who had been at an emergency hospital because of accidents they had suffered; 1,023 of these patients were assigned to public health nurses for visiting.

Volunteer Program

The man hours contributed by volunteers continued to make possible a great deal of service which otherwise could not have been given to patients. The average number of volunteers who served throughout the year remained at 43, the same as the previous year. However, a total number of 5,495 hours were served, which was in increase of 887 hours over 1953. Additional volunteers worked in the schools and in some of the child health conferences, but they were not included in the Volunteer Bureau report inasmuch as they prefer not to register with that Bureau.

Student Program

The National League for Nursing has accredited the University of California and Stanford University Schools of Nursing for public health nursing certification. Each nurse graduating from these schools must get experience in the field as a public health nurse. During the year 1954, the Public Health Nursing Bureau had 24 University of California students for a period of eight weeks each.

There were 22 graduate public health nursing students who did four months' (or less) field work each, in our Bureau.

Coro students and Stanford medical students are assigned periodically for orientation to the public health nursing program.

Our staff is requested to give some orientation in the field of public health nursing to the students in many of the eleven schools of nursing in San Francisco.

Staff Education

Orientation sessions for new nurses were held by the educational director.

There was orientation of new nurses to the San Francisco Health Department as a whole.

Supervising nurses' meetings were held every two weeks.

Weekly public health nursing staff meetings were held in each division, conducted by the supervising public health nurse.

Additional district staff meetings were held according to need and interest, usually with a speaker from a social service

agency, rehabilitation center, Housing Authority, State Health Department, or Youth Guidance Center.

General staff meetings were held several times during the year.

All-day conferences for supervisory personnel were sponsored by the State Department of Public Health. They were held at Asilomar and in San Francisco.

Institutes were conducted by the various branches of the League for Nursing, held at San Francisco State College and San Francisco City College.

A Record Review Committee was active, many changes were made to improve records, and more changes were recommended when reprinting is ordered.

Participation in Community Affairs

1. Public health nurses in our Bureau have membership in various Community Chest committees under the Family and Children's Council, Health Council, and the Group Work and Recreation Council. Committees in which there is active participation include:

   Committee for Aid to Retarded Children
   Committee on Aged
   Unwed Parenthood Committee
   Volunteer Bureau Advisory Committee
   Community Nursing Committee
   Medical Social Work Committee
   Homemaker Service Committee

2. Nurses have been assigned to teach classes at San Francisco State College for the courses that are given in school health education, vision screening, and health education.

3. Meetings of coordinating committees of various community organizations have been attended, the most active one being a committee of the Visiting Nurse Association and the San Francisco Health Department nurses.

4. The Family Life Education Committee has been active.

5. The nurses have been active in programs sponsored by the Guardsmen. Sending children to summer camps and day camps requires time spent in referral, selection, interpretation to parents and in assisting with the physical examinations prior to camp.

6. The Youth Council has monthly district meetings in various areas of the City, in which nurses have participated, as well as on the Executive Committee. There was attendance

at the Governor's Conference on California's Children and Youth held in Sacramento.

7. There are many other organizations in which nurses take an active part, most of the meetings being held in the evenings. These include meetings of the California Association of Physical Health, Education and Recreation Workers (C.A.P.H.E.R.), Civil Defense, Northern California Public Health Association, Bay Area Citizens' Committee on World Health Organization, San Francisco County Nurses' Association, San Francisco League for Nursing, and many Parent-Teacher Association meetings.

More services are expected each year, without additional personnel. Each service, as it is requested, does not seem to require much additional nursing time. However, when such requests are multiplied, there results automatic curtailment in some area of service. When it is reduction of nursing hours to schools, for example, school administrators are in a position to complain. However, families who need home visits are not in a position to know they are being deprived of nursing service and cannot complain.

In 1954, additional activities included:

1. Seven new schools (with a population of 4,183) were opened.

2. Vision screening courses and increased emphasis put on vision screening of school children to comply with State law.

3. Follow-up examinations of tuberculosis contacts in the health centers.

4. Home accident survey.

5. Field work experience for basic nursing students.

6. Increased number of requests for mental health counseling, and follow-up of psychiatric patients and those in need of rehabilitation.

7. Community Chest and citizen group activities in field of juvenile delinquency prevention.

8. Increased demands for nurses to participate in various community activities within the realm of health promotion and social welfare.

Major Problems and Unmet Needs

1. Additional clerical staff is the one greatest need. An overwhelming amount of clerical work is entailed in each program.

2. Clearing of files -- again largely a job for clerical workers.

3. Revision and bringing up to date of nursing procedure manuals.

4. Improved communication regarding patient services at San Francisco Hospital, between Nursing Bureau and San Francisco Hospital -- especially the admission and emergency units.

5. Simplification of records and methods of compiling statistics.

CITY PHYSICIANS SERVICE

The City Physicians Service is an element of the field services of the San Francisco Hospital which provides for visits by physicians to the indigent sick and, occasionally, to those under emergency conditions who cannot immediately locate a private physician. Many of the patients are referred to private clinics or to the San Francisco Hospital for follow-up.

All the physicians are part-time employees of the Department of Public Health and provide services on an "on call" basis throughout the full 24 hours of each day. The calls for physicians are received by the San Francisco Hospital through the office of its Admitting Service during the normal work day, and through Central Emergency Hospital of the Emergency Hospital Service through the balance of the week.

The total number of visits by this group of physicians for the 1954-55 fiscal year was 15,896, as compared with 17,691 for the year 1953-54 and 18,932 for the year 1952-53. This gradual decrease can partly be related to the high economic status of the people of San Francisco and in part also to the increased coverage by various prepaid medical programs.

A study is being made of this program in the hope that it can be more closely incorporated into the general medical services of San Francisco Hospital. An alternate plan under consideration is to develop with the San Francisco Medical Society a plan for home visits on the basis of a fee system.

SAN FRANCISCO HOSPITAL

1. Following are the patient statistics for the fiscal year 1954-55 with comparable figures for the fiscal year 1953-54:

1954-55

	Main	Births	TB	Isolation	Psych	Total
Adm. & Tfrs.	14,256	1,508	1,544	440	4,314	20,554
Pt. Days	212,821	11,402	135,365	7,508	25,532	392,628*
Average	583	31	371	21	70	1,076

*Not including 81 DOA's and 23 stillbirths.

1953-54

Adm. & Tfrs.	15,041	1,602	1,287	384	4,057	23,371
Pt. Days	222,884	11,050	149,920	8,344	24,062	416,260*
Average	610	32	411	22	65	1,140

*Not including 63 DOA's and 35 stillbirths.

2. Following are the budget figures for the same two fiscal years (including Retirement charges not part of our budget), with an estimated cost figure based on total days of service:

	1954-55	Per Patient Day	1953-54	Per Patient Day
Payrolls	$5,217,824.	-	$4,702,092.	-
Retirement Charge	$ 516,564.*	-	$ 467,243.	-
Subtotal	$5,734,388.	$14.60	$5,169,335.	$12.41
Other Expense	$1,283,819.	$ 3.25	$1,194,404.	$ 2.87
Total	$7,018,207.	$17.85	$6,363,739.	$15.28

*Estimated at 9.9% of payrolls.

These figures do not include funds budgeted and spent by the Department of Public Works for maintenance and improvements at the hospital. In the fiscal year 1954-55 this amounted to $242,100.00; in 1953-54 the Emergency Appropriation totalled $447,200.00.

3. As the budget figures above indicate, practically all of the increase in the hospital budget (2.19 of 2.57 per patient day) was for personnel. All of the personnel increase was caused by the full year budgeting of the 169 new positions created in the Emergency Ordinance enacted during fiscal year 1953-54.

4. This increase in numbers of personnel, coupled with the slight decrease in total days of service rendered, allowed us to increase the number of hours of nursing care per patient per day from 2.17 to 2.40. Although this overall increase allows us to give 10% more nursing care to our patients, we are still far below the recommended minimal requirements of 3.4 hours on medical cases and 3.5 hours on surgical cases.

5. In our budget we had requested 21 new positions. This included a Maintenance Supervisor, four Clerk Typists, one Seamstress, two Occupational Therapists, two Physical Therapists, one Phthisiologist, two Physician Specialists, three Assistant Residents, three Senior Assistant Residents, one Operating Engineer, and one Laboratory Technician. Of this number the Director of Public Health approved 16. None were approved for the final budget.

6. Of the projects included in the $242,100.00 in the 1954-55 Department of Public Works budget (noted above) the status of the individual jobs as of June 30, 1955 is as follows:

a. Work Completed	
Wash Walls, Buildings 10 and 20	$11,000.00
Exterior Painting	$25,000.00
Convert Extractor	$ 1,800.00
Fire Doors	$ 3,000.00
Roofs and Gutters	$12,000.00
Studies and Estimates	$20,000.00
b. Work Underway	
Rotating Oven	$19,500.00
Relocate Main Dishwashing Room	$19,600.00
Replace Dark Room Tank	$ 2,000.00
c. Held for Concurrent Bond Expenditures	
TB Elevators	$27,200.00
Admitting Ward	$16,000.00
Fire Protection	$75,000.00
Delivery Room Floors	$10,000.00

7. Of the projects included in the $447,200.00 provided in the Emergency Ordinance dated November 18, 1953 (noted above) the status of the individual jobs as of June 30, 1955 is as follows:

a. Work Completed	
Fire Escapes	$ 4,500.00
Wash Walls, Building 30	$ 4,000.00
Dishwashing Machines and Ward Kitchens	$122,300.00
Physiotherapy	$ 12,500.00
Air Condition Nursery	$ 22,000.00
Renew Kitchen Floor	$ 7,500.00
Install fans and screens	$ 2,425.00
Install Sprinkler System in Store Rooms	$ 50,000.00
Install Access Roads	$ 56,500.00
Studies and Contingencies	$ 40,175.00
b. Work Underway	
Modernize Three Elevators	$125,300.00

8. Following passage of the $5,830,000.00 bond issue in November, 1954, and availability of funds on January 1, 1955, architectural and drafting personnel were hired by the Bureau of Architecture, Department of Public Works and put to work immediately on the preparation of plans and specifications. (See project status report, San Francisco Hospital, dated June 20, 1955).

As of June 30th the status of the bond projects was as follows:

a. Preliminary plans completed and final plans under preparation:

1.	Maternity Building	$618,500.00
2.	Exterior Stairs	$176,000.00
3.	New Generator	$ 48,000.00
4.	Admitting Ward	$124,000.00
5.	Relocation of Social Service	$ 47,000.00
6.	Dry Garbage Area	$ 5,000.00
7.	Elevator Hoist Conversion	$ 65,000.00

b. Preliminary plans under preparation

1.	Service Building	$331,000.00
2.	Additional Cold Storage	$120,000.00

LAGUNA HONDA HOME

Fees and Collections

Collections for patients' care for the last fiscal year totaled $311,961.47. The 1954-55 Appropriation Ordinance includes estimated revenues from this source of $245,000.00.

Construction and Remodeling Program - Deferred Maintenance

Work under the 1954 Laguna Honda Home Bond Issue is scheduled for completion on March 1, 1958. The total work to be accomplished is divided into ten projects. These projects are:

1. Remodeling Clarendon Hall (Old Infirmary)
2. Power Plant
3. Elevators and Connecting Corridors
4. Commissary, Roads and Parking
5. M & O Building improvements
6. Building A - Staff Offices
7. Laundry Modernization
8. Remodeling Buildings D, E, F, & G
9. Garage Modernization - Greenhouse
10. Steam mains and returns

Concurrent with the bond issue work is some $350,000 in deferred maintenance allowed in the 1955-56 budget.

Another project, remodeling the main kitchen employing deferred maintenance appropriations from prior years and some bond issue work is in progress, is scheduled for completion in April of 1956, and is now about one-half completed.

Several of the bond issue projects have reached the drawing board stage, including Clarendon Hall, power plant, elevators and connecting corridors and M & O Building remodeling. The installation and remodeling of ward kitchens, a portion of projects #5 and #8, is now under construction. Final plans for project #3 elevators and connecting corridors will be advertised for bids during the current month. Project #2 power plant will be advertised for bids during November; project #5 M & O Building during December.

Project #1 Clarendon Hall has been let to Stone & Mulloy, Architects. Working drawings on this project will be completed during January, 1956. Meetings are held at least weekly by the Laguna Honda Home staff with the City architects to expedite the work provided by the bond issue.

PATIENTS' REHABILITATION

Approval of an additional position of Occupational Therapist has made it possible to increase the number of patients being handled by this department. There were 278 patients enrolled as of June 30, 1955 as compared with 211 a year ago.

The Physical Therapy section of the rehabilitation department has remained about static ascompared with last year because of the inability to fill another position of Physiotherapist allowed one year ago. The Civil Service Commission has been in the process of holding an examination for this classification. Passage of a new law requiring licensing and registration of physiotherapists by the State has impeded the commission's efforts. Accordingly this department of Laguna Honda Home has

[illegible]

[illegible] Collections

[illegible] llections for patients' care for the last fiscal year totaled $171,591.01. [illegible] Appropriation [illegible] include estimated revenue from [illegible] [illegible],00,00.

[illegible] on Remodeling Program - General [illegible]

[illegible] under the 1956 program [illegible] is scheduled for completion [illegible] 1958. The [illegible] to be accomplished [illegible] projects are:

[illegible] Remodeling [illegible] Hall ([illegible])
Power Plant
Elevator and [illegible] Corridors
[illegible], Roads and Parking
[illegible] Building [illegible]
Building [illegible]
Laundry [illegible]
Remodeling Buildings [illegible]
[illegible] - [illegible]
[illegible] mains and [illegible]

[illegible] with the [illegible] work [illegible] the 1955-56 [illegible]

[illegible] project, remodeling the [illegible] building [illegible] from [illegible] and [illegible] work is in progress. It [illegible] completion [illegible] 1957 [illegible] completed.

[illegible] is the [illegible] the drawing board [illegible] Hall, power plant [illegible] and connecting corridors and [illegible] Building [illegible]. The [illegible] ward [illegible] 43 and 44, [illegible]. [illegible] during the [illegible] Building during [illegible]

[illegible] Elevator [illegible] and [illegible] Building [illegible] on this project [illegible] completed [illegible] January 1957. [illegible] ready [illegible] the [illegible] will [illegible] ground [illegible].

[illegible]

[illegible] of additional [illegible] to increase the number of [illegible] in this department. [illegible] 772 patients [illegible] as compared with [illegible]

[illegible] the [illegible] Department and [illegible] [illegible] Civil Service [illegible] [illegible]

been unable to extend this program. There are some prospects now that the commission will be successful in establishing an eligible list of Physical Therapists.

The proposal to institute rehabilitation wards, training nursing and ward personnel for rehabilitation has been deferred because of the shortage of nurses and orderlies. Positions requested for this purpose were not approved in the budget. In order to get the best results in rehabilitation it is necessary for ward personnel to work with patients on rehabilitation immediately upon their admission to the ward. Delay in instituting these treatments make rehabilitation more difficult and time consuming because contractures usually set in during the patient's immobilization.

Displacement of Patient Workers

The need for displacement of patient workers is still felt acutely in the kitchen and dietary departments because of the lack of competent and health patients to act as kitchen helpers and waiters. Some improvement has been noted in the last several months with respect to the laundry and housekeeeping departments. These departments were allowed several additional employments displacing some of the patient workers with exception of the laundry. In the laundry a six-day week was instituted on July 1, 1955 and because sufficient Civil Service workers were not allowed for the conversion, it became necessary to increase working hours for patient workers from five to six days per week.

In any case, however, the additional Civil Service employees have provided considerable improvement in cleanliness, mopping, washing windows, etc. and improvement in providing clean linens for hospital patients.

Patient Meals

We have long believed and hoped for an improvement in the evening meal for patients. This meal usually consists of soup, bread and butter, tea or milk and pudding. Requests from patients have been numerous that the soup be replaced by a solid dish preferably weighted with proteins which older people require.

The appropriation of foodstuffs allowed Laguna Honda Home has never been sufficient to improve the evening meal. In addition, a cook would have to be added to the payroll.

Bed Occupancy

There has been an increase of about 1% in occupancy of hospital beds during 1954-55 but a decrease in occupancy of ambulatory beds of about 5%.

The increase in hospital occupancy reflects again the need for this type of hospital facility in San Francisco. The decrease of the ambulatory population is a result of changing social conditions. The increase in the amount of Old Age Pensions Social Security and other private pensions gives independence to the elderly person in good health who formerly sought refuge in Laguna Honda Home. A considerable factor in the reduction of ambulatory occupancy has been the increased amount of social work which is being done for the present population of the institution. The social workers, there are now two, spend considerable time in establishing the eligibility for Social Security benefits for people who themselves are incapable of proving their eligibility. This results in the eventual discharge of many of these people when they have some assured income upon which to live on the outside.

This is a growing situation, inasmuch as an increasing number of admittees are eligible for Social Security benefits, by the same token depriving the institution of the physically able patient worker, still relied upon for the normal work and operation.

To: E.D. Sox, M.D., Director,
Department of Public Health, City & County of San Francisco

From: L.F. Putnam, M.D., Superintendent and Medical Director,
Hassler Health Home, Redwood City, California

Thru: E.C. Sage, M.D.,
Assistant Director

Subject: Fiscal Year Report:

The following statistics are a representative summary of the Clinical activities here at Hassler Health Home for the fiscal year ending June 30, 1955. Comparable figures are included listing the activities of the previous year 1953-54. I thought they might prove of interest to you.

	Fiscal Year 1953-1954	Fiscal Year 1954-1955
Patient Days	94,015	94,293
Average Bed Occupancy	260.16	258.6
Patients Admitted	261	308
Patients Discharged	274	309
Deaths	15	20
Signed Releases (Against Medical Advice)	28	8
Absent Without Leave	56	68
Returned to San Francisco Hospital	71	75
Average Days on Patients discharged with Medical Advice	364.0	378.1
Average Days on all Patients Discharged	345.61	257.4
Census as of June 30, 1954 and June 30, 1955	247	247
CLINICAL ACTIVITIES:		
Initial Pneumothorax	3	1
Refills for Pneumothorax	69	2
Initial Pneumoperitoneum	15	33
Refills for Pneumoperitoneum	4,808	3,490
Thoraconteses	12	8
Bronchoscopies	21	11
Bronchograms by Lipiodal Instillation	17	26
New Cases Presented at Conference	271	308
Old Cases Presented at Conference	689	603
Eye Examinations	194	172
Ear, Nose and Throat Examinations	371	299
Ultra Violet Therapy Treatments	167	56
Chest Xray Examinations	1,573	1,495
KUB, G.B., and I.V. Pyelograms	26	11
Barium Enema Examinations	5	3
Upper G.I. Series Examinations	26	7
Orthopedic Examinations	73	51
Skull and Sinus Examinations	15	7

CLINICAL ACTIVITIES (Continued)	Fiscal Year 1953-54	Fiscal Year 1954-55
Dental Examinations	265	476
Acrylic Dentures	55	114
Extractions	100	86
Fillings (Synthetic Porcelain & Silver Amalgam)	100	43
Miscellaneous Dental Services	168	119
LABORATORY EXAMINATIONS:		
Sputum Concentration for Acid-Fast Bacilli	1,441	1,787
Urinalyses	5,784	6,035
Stool Examinations	32	41
Spinal Fluid Examinations	8	6
Pleural Fluid Examinations	2	1
Sedimentation Rates on Blood	977	970
FILMS EXPENDED:		
14" x 17"	1,814	1,706
11" x 14"	702	479
8" x 10"	80	56
Dental Films	57	33
TOTAL COST OF FILMS	$1,419.38	$1,041.93
Solutions:		
Fixer:	60 Gallons Concentrate	79 Gallons Concentrate
	114 Gallons Concentrate	124 Gallons Concentrate
CULINARY SERVICES:		
Meals Served to Patients	284,714	282,846
Nourishment Served to Patients	183,788	183,868
Amino Acid Supplementary Feedings	9,217	10,228
Egg Nogs	183	3,313
Custards	--	1,501
Meals Served in Employee's Dining Room	46,675	43,285

The factor of "Patient Days" continues to show no particular change.

While there were 47 more patients admitted this year the "Average Bed Occupancy" was slightly lower than last year.

The increase of patients A.W.O.L. during this period is explained due to the fact patients are not permitted to sign releases anymore. Over the past 3 years the increase in the number of A.W.O.L. patients is properly explained by the number of chronic alcoholic individuals who are transferred to this institution from San Francisco Hospital, and by the fact that many individuals can not believe their lungs are as heavily infiltrated with the disease as the xray shows and as they are told, because they feel so well.

The "Average Days on All Patients Discharged" has greatly (88.2) decreased and is undoubtedly due to long term antituberculous drug therapy.

Our cost of operation for 1954-55 will not be available until November 1955.

During this year a new concrete storage shed has been erected for storage of oxygen tanks.

There is a definite shortage of the Orderly and Porter classifications at this institution, and when absences occur, the only method of covering is to recall to work individuals who are coming off duty and pay them time and a half for overtime.

In view of the minimum allowance of duty personnel for this institution in relation to its obligations any absence of personnel must be met at the cost of time and a half increase in pay for the replacement for the absentee. Therefore, it is imperative that our allowance for overtime must be increased to barely cover requirements for care of the patients. Otherwise this office can not accept the responsibility for the proper care of the patients during such absences of employees which can not be filled for lack of overtime pay.

Sincerely,

L. F. PUTNAM, M.D., SUPERINTENDENT
AND MEDICAL DIRECTOR

LFP/cg

CITY AND COUNTY OF SAN FRANCISCO, DEPARTMENT OF PUBLIC HEALTH
HASSLER HEALTH HOME, REDWOOD CITY, CALIFORNIA

FISCAL REPORT	1945-46	1946-47	1947-48	1948-49	1949-50	1950-51	1951-52	1952-53	1954-54	1954-55
TYPE OF REFILL										
PNEUMOTHORAX	834	1,318	1,678	858	509	332	292	157	69	2
PNEUMOPERITONEUM	461	1,530	3,212	5,075	5,950	6,086	4,565	6,107	4,808	3,490
TOTAL REFILLS	1,295	2,848	4,890	5,933	6,459	6,418	4,857	6,264	4,877	3,492

CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
HASSIER HEALTH HOME, REDWOOD CITY, CALIFORNIA

FISCAL YEAR	1945-45	1946-47	1947-48	1948-49	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55
PATIENT DAYS	69,444	79,552	94,096	95,296	97,045	95,331	96,192	93,414	94,015	94,293
PATIENTS ADMITTED	167	272	285	265	306	286	211	281	261	208
PATIENTS DISCHARGED	179	210	273	259	304	293	210	287	274	309
PATIENTS DISCHARGED TO OUTPATIENT CARE (AVERAGE IN HOSPITAL DAYS)	***	***	***	***	***	***	***	***	***	378
CENSUS: Ending Fiscal Year	187	250	261	267	269	262	263	257	247	247
AVERAGE STAY DAYS	447.93	401.93	302.19	363.47	299.89	295.00	298.55	402.13	261.52	257.41
AVERAGE BED OCCUPANCY	190.26	217.95	257.09	261.09	265.88	261.18	262.81	255.29	259.94	258.43
PERCENTAGE OCCUPANCY	72.62	83.19	98.13	99.65	101.48	99.70	100.30	97.95	99.18	98.49
BREAKDOWN OF DISCHARGES										
TRANSFERS:										
SAN FRANCISCO HOSPITAL	39	81	86	89	111	78	39	95	71	75
LAGUNA HONDA HOSPITAL	**	**	**	**	***	1	1	**	**	**
OTHER HOSPITALS	**	**	**	**	***	21	10	9	16	16
DISCHARGES:										
HOME	96	78	101	112	138	94	58	95	76	108
LAGUNA HONDA HOME	**	**	***	***	***	2	5	**	8	8
Signed Releases	20	25	26	12	16	34	27	30	28	8
ABSENT WITHOUT LEAVE	**	**	29	22	22	41	43	41	58	68
DEATHS	24	26	31	27	17	22	27	17	15	20
DISCIPLINARY DISCHARGES	**	**	**	**	**	**	**	3	3	6
TOTAL	179	210	273	259	304	293	210	2[illegible]	274	309

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE - OTHER THAN PERSONAL SERVICE ACCOUNTS.

Account No.	1954-5 Budget Allowance	Adjustments	1954-5 Adjusted Allowance	Expended & Encumbered	Balance
Administration					
450.200.01	24439	- 297	24142	23887	255
433.216.50.1	750	693	1443	1427	16
463.231.50.1	6200	- 264	5936	5936	-
433.232.50.1	9000	480	9480	9480	-
433.232.50.1/98	-	719	719	-	719
433.237.50.1	174	22	196	196	-
450.267.01	16000	- 1945	14055	14025	30
450.300.01	3164	140	3304	3226	78
433.321.50.1	450	265	715	710	5
433.375.50.1	350	-	350	333	17
450.400.01	2523	- 340	2183	1886	297
450.800.01	18970	- 500	18470	18300	170
Accounting					
450.200.02	804	-	804	609	195
450.300.02	388	-	388	387	1
Statistics					
450.200.03	5327	- 276	5051	4701	350
450.300.03	4350	276	4626	4626	-
450.300.03/98		323	323	323	-
450.400.03	275	- 275	-	-	-
450.400.03/98		4325	4325	4307	18
Milk Inspection					
450.200.04	8560	- 25	8535	8049	486
433.216.50.4	4000	-	4000	3974	26
433.232.50.4	200	- 200	-	-	-
450.300.04	883	225	1108	1108	-
450.300.04/98		201	201	201	-
433.321.50.4	4100	-	4100	3986	114
433.321.50.4/98		400	400	400	-
450.400.04	420	-	420	405	15
Communicable Diseases					
450.200.05	1045	215	1260	1260	-
450.203.05	1716	300	2016	2000	16
433.216.50.5	115	-	115	91	24
450.300.05	1721	350	2071	2059	12
433.321.50.5	155	8	163	163	-
450.400.05	1625	- 550	1075	1029	46

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE - OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1954-5 Budget Allowance	Adjustments	1954-5 Adjusted Allowance	Expended & Encumbered	Balance
Venereal Diseases					
450.200.06	854	80	934	903	31
450.203.06	175	220	395	292	103
463.231.50.6	1300	-	1300	1227	73
433.237.50.6	110	10	120	120	-
433.240.50.6	96	96	192	187	5
433.256.50.6	150	-	150	150	-
450.300.06	7465	- 276	7189	6352	837
433.340.50.6	388	55	443	283	160
433.375.50.6	200	- 75	125	124	1
434.880.50.6	2880	-	2880	2880	-
Bacteriological Lab.					
450.200.07	110	- 20	90	87	3
450.300.07	2958	- 3	2955	2955	-
450.300.07/98		172	172	172	-
433.340.50.7	146	20	166	163	3
450.400.07	205	3	208	204	4
Child Hygiene					
450.200.08	155	450	605	393	212
450.203.08	300	- 90	210	202	8
450.267.08	387945	241114	629059	629059	-
450.300.08	3127	1000	4127	3879	248
450.372.08	679	-	679	594	85
450.400.08	544	50	594	572	22
Dental Bureau					
450.200.09	170	50	220	220	-
450.200.09/98		74	74	74	-
450.203.09	300	8	308	302	6
450.300.09	1462	-	1462	1388	74
433.340.50.9	126	- 50	76	74	2
450.400.09	3633	- 78	3555	3476	79
Public Health Education					
450.200.10	335	-	335	302	33
450.300.10	2910	-	2910	2805	105
450.400.10	551	-	551	531	20
Food Sanitary Insp.					
450.200.11	5449	141	5585	5585	-
450.200.11/98		741	741	741	-
450.203.11	4600	260	4860	4854	6

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE - OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1954-5 Budget Allowance	Adjustments	1954-5 Adjusted Allowance	Expended & Encumbered	Balance
Food Sanitary Insp. - continued					
450.203.11/98		894	894	894	-
433.216.50.11	500	200	700	700	-
433.216.50.11/98		500	500	499	1
433.232.50.11	120	- 120	-	-	-
450.300.11	1354	504	1858	1858	-
450.300.11/98		150	150	115	35
433.321.50.11	1400	-	1400	1369	31
450.400.11	1625	- 525	1100	1056	44
Chemical Laboratory					
450.200.12	80	-	80	57	23
450.300.12	565	-	565	562	3
450.400.12	300	-	300	294	6
450.400.12/98		225	225	225	-
Plumbing Inspection					
450.200.13	104	50	154	150	4
433.216.50.13	1062	-	1062	1059	3
450.300.13	1233	- 50	1183	876	307
433.321.50.13	1100	-	1100	1072	28
Mental Hygiene					
450.200.15	100	-	100	100	-
450.300.15	170	-	170	154	16
450.400.15	75	-	75	54	21
City Physicians					
450.203.16	2300	250	2550	2542	8
Public Health Nursing					
450.200.17	18459	1179	19638	19304	334
450.203.17	8200	1009	9209	9209	-
433.216.50.17	750	-	750	747	3
463.231.50.17	700	600	1300	1230	70
433.232.50.17	475	- 462	13	13	-
433.237.50.17	572	-	572	426	146
450.300.17	6120	- 8	6112	6108	4
433.321.50.17	400	-	400	303	97
433.340.50.17	450	- 229	221	212	9
450.350.17	20453	- 9082	11371	10331	1040
450.372.17	2900	- 659	2241	2240	1
433.375.50.17	150	-	150	104	46
450.400.17	855	- 192	663	663	-
450.400.17/98		303	303	303	-

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE - OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1954-5 Budget Allowance	Adjustments	1954-5 Adjusted Allowance	Expended & Encumbered	Balance
Pub. Health Nursing - continued					
450.800.17	1200	- 1200	--	-	-
434.880.50.17	5400	840	6240	6240	-
Tuberculosis Bureau					
450.200.21	515	310	825	755	70
450.200.21/98		-	-	-	-
450.203.21	60	- 60	-	-	-
450.300.21	728	-	728	710	18
450.372.21	3880	-	3880	3274	606
450.400.21	180	-	180	157	23
Adult Guidance Clinic					
450.200.25	346	200	546	405	141
463.231.50.25	500	-	500	474	26
433.237.50.25	238	-	238	238	-
450.300.25	6526	3400	9926	9185	741
433.321.50.25	1400	-	1400	1241	159
	640567	246249	886816	877742	9074

DEPARTMENT OF PUBLIC HEALTH - LAGUNA HONDA HOME - OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1954-5 Budget Allowance	Adjustments	1954-5 Adjusted Allowance	Expended & Encumbered	Balance
451.200.00	4950	275	5225	5084	141
433.216.51	550	400	950	944	6
463.231.51	66600	2632	69232	68632	600
433.232.51	1200	-	1200	1153	47
451.236.54	4485	-	4485	4462	23
433.237.51	1122	-	1122	1122	-
433.240.51	96	-	96	96	-
433.256.51	360	618	978	978	-
451.300.00	92869	14775	107644	106831	813
433.321.51	2200	1000	3200	3166	34
433.340.51	58000	2000	60000	59305	695
451.350.00	296700	- 9301	287399	284569	2830
433.351.51	34000	- 5293	28707	28706	1
451.355.51	120000	- 9000	111000	110230	770
451.372.00	2496	- 350	2146	2146	-
433.375.51	200	-	200	182	18
451.400.00	48355	- 4200	44155	43799	356
	734183	6444	727739	721405	6334

DEPARTMENT OF PUBLIC HEALTH - SAN FRANCISCO HOSPITAL - OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1954-5 Budget Allowance	Adjustments	1954-5 Adjusted Allowance	Expended & Encumbered	Balance
453.200.00	33074	- 20615	12459	12276	183
453.200.01		22200	22200	22200	-
453.203.00	400	250	650	634	16
433.216.53	1000	- 85	915	829	86
463.231.53	75000	6142	81142	81142	-
433.232.53	10860	-	10860	10278	582
433.237.53	3699	877	4576	4575	1
433.240.53	96	-	96	96	-
433.256.53	775	161	936	936	-
453.300.00	408825	69722	478547	477986	561
453.300.54	3000	-	3000	2757	243
433.321.53	1225	-	1225	1099	126
433.340.53	67000	-	67000	63851	3149
453.350.00	363800	- 10130	353670	353101	569
433.351.53	46560	-	46560	46507	53
453.372.00	50343	-	50343	50164	179
433.375.53	1200	- 100	1100	1086	14
453.400.00	91294	-	91294	61431	29863
	1158151	68422	1226573	1190948	35625

DEPARTMENT OF PUBLIC HEALTH - EMERGENCY HOSPITAL SERVICE - OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1954-5 Budget Allowance	Adjustments	1954-5 Adjusted Allowance	Expended & Encumbered	Balance
454.200.00	1690	139	1829	1480	349
454.203.00	125	8	133	125	8
433.216.54	10700	1175	11875	11713	162
463.231.54	3300	-	3300	3284	16
433.232.54	2432	190	2622	2619	3
433.237.54	473	103	576	575	1
433.240.54	96	-	96	96	-
454.300.00	9522	250	9772	9367	405
433.321.54	5200	-	5200	5168	32
433.340.54	3100	- 500	2600	2169	431
454.350.00	1552	-	1552	1377	175
433.351.54	194	-	194	183	11
433.375.54	100	-	100	22	78
454.400.00	16480	- 700	15780	15617	163
	54964	665	55629	53795	1834

DEPARTMENT OF PUBLIC HEALTH - HASSLER HEALTH HOME - OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1954-5 Budget Allowance	Adjustments	1954-5 Adjusted Allowance	Expended & Encumbered	Balance
455.200.00	11880	1500	13380	13117	263
455.203.00	100	40	140	134	6
433.216.55	1400	-	1400	1381	19
463.231.55	21500	978	22478	22478	-
433.232.55	2550	161	2711	2448	263
433.256.55	294	282	576	576	-
455.300.00	22896	850	23746	22672	1074
433.321.55	1600	400	2000	1794	206
433.340.55	13000	600	13600	13600	-
455.350.00	75628	- 2718	72910	70794	2116
433.351.55	4850	3750	8600	8049	551
455.372.00	2000	- 951	1049	1042	7
433.375.55	300	-	300	289	11
455.400.00	9098	1000	10098	9704	394
455.800.00	1257	-	1257	1236	21
	168353	5892	174245	169314	4931

DEPARTMENT OF PUBLIC HEALTH -

COMPARISON...1954-55 REVENUE ESTIMATES
1954-55 REVENUE DEPOSITS

Account No.		Estimates	Deposits	Accounts Receivable
7583	Removal Permits	9000	9526	
7582	Copy Death Certificates	22000	26702	
7581	Copy Birth Certificates	19000	20530	
7502	Milk Inspection	125000	127383	
3103	Restaurant Inspection	58000	58652	
7526	Food Vehicle Permits	600	440	
7527	Poultry Dealers	1200	1570	
7562	Massage Parlors	300	220	
7544A	Laundry Renewals	1800	1834	
7544B	Laundry Openings	300	385	
3850	Master Plumbers Licenses	4500	4221	
3849	Journeyman " "	850	1321	
7246	Plumbing Fixtures Permits	31000	40183	
3835	Gas Appliance Dealers	1400	1250	
7245	Gas Appliance Inspections	17000	18484	
7543	Fumigation	150	136	
7528	Salvage Dealer	50	-	
7669	Sheriffs Transportation	5000	8161	
7549	Refuse Collectors	780	848	
7660	Refunds Crippled Children's Program (payments from parents, etc.	7000	1942	
7590	Burial Refunds	6000	6137	
7590	Travelers' Certificates	3000	3964	
7590	Other Miscellaneous	100	150	
State of California Reimbursements				
6538	Salary Refund	20000	23649	
6760	Care Crippled Children	250000	369987	
State of California				
6540	Special Public Health Assistance Fund	175000	174692	
	TOTAL	759030	902367	

DEPARTMENT OF PUBLIC HEALTH -

COMPARISON...1954-55 REVENUE ESTIMATES
1954-55 REVENUE DEPOSITS

Account No.		Estimates	Deposits	Accounts Receivable
LAGUNA HONDA HOME				
7615	Refund Oncology Ward		-	
7611	Care of Patients - Residents	225000	307156	
7612	Miscellaneous Sales	3000	3783	
7619	Sales of Meals	600	1231	
	TOTAL	228600	312170	
SAN FRANCISCO HOSPITAL				
7601A	Care of Patients	215000	378891	
7602	Meals	3000	3884	
7609	Miscellaneous	2000	1888	
2990	Reimburse Phone Calls		136	
9755	Blood Donor Fees	-	-	
6539	T.B. Subsidy		281867	171144
	TOTAL	220000	666666	171144
HASSLER HEALTH HOME				
6539	T.B. Subsidy		184927	120839
7632	Care of Patients (other)	800		
-	Miscellaneous		596	
		800	185523	120839
GRAND TOTAL.		1208430	2066726	291983

SUMMARY AND RECOMMENDATIONS

1. Vital Statistics.

In the field of public health statistics, it should be noted that the general statistical services, the birth registry, and the death registry are operating as separate functions. The creation of the Bureau of Records and Statistics under the supervision of a qualified biostatistician or public health analyst will bring all of these statistical services under one head. Ultimately, the whole field of medical statistics should be integrated under the Chief of the Bureau of Records and Statistics. This will result in improved use of records, standardization of forms, and more effective data interpretation and analysis of problems and in program planning. The Civil Service Commission is working with us in securing the highest type of personnel for this position.

2. Health Education.

The field of Health Education needs marked augmenting by the addition of both professional and ancillary personnel. These have been recommended in the last three budgets submitted by the Director of Public Health, but none have been allowed, in the final budget of the department. In view of the fact that progress in public health is accomplished through health education, this deficiency in our departmental program affects our achievements in all fields. Increased personnel will do much to bring to us effective use of educational media, not only for the general public, but for the special groups with which we are most consistently concerned. Augmentation of the health education budget to provide for additional educational materials and equipment is also most urgently needed.

3. Food and Sanitary Inspection.

The augmentation of our personnel in the field of housing has done much to enable us to function more effectively in the field of housing conservation and rehabilitation. The number of personnel allowed us during the past year, however, is still inadequate to enable us to keep up with the problems in the hygiene of housing. An augmentation of our budget must be made if we are to properly meet our obligations in this field. The rate of progress in this field involves a close relationship with the Bureau of Fire Prevention of the Fire Department and the Bureau of Building Inspection of the Department of Public Works. The meeting of personnel requirements of these three departments requires coordination which is provided through the Chief Administrative Officer. The cooperation of these three code-enforcing departments should be highly commended, as should their participation with the Citizens Committee on Urban Renewal appointed by Mayor Robinson and the Inter-Agency Committee on Urban Renewal appointed by the Board of Supervisors. The total field of housing, of course, requires close working relationship between all public and private agencies concerned. The leadership of the City Planning Commission and the Redevelopment Agency in this field is outstanding. The accomplishments in the South of Market area and elsewhere in San Francisco in this field can be pointed to with pride by our people. This department will have available before the first of January, 1956, information relative to occupancy and illegal conversions in a 300-block area, including and surrounding the Western Addition redevelopment project.

In the field of general sanitation, a proposed reorganization of this bureau includes the creation of a new classification of Sanitarian, which will embrace the two existing classes of N56 Market-Food Inspector and N204 Housing-Industrial Inspector. It is anticipated also during the next year that additional sanitarians will be assigned on a district basis to a headquarters outside the Central Office. This has been done already in the Sunset District Health Center.

[illegible]

[illegible]

[illegible] field of public health activities, it should be noted that [illegible] [illegible] sanitation, the [illegible] and the health agencies are [illegible] functions. The relation of the Bureau of Health and that [illegible] [illegible] of a [illegible] bureau [illegible] or public health [illegible] analyses will [illegible] [illegible] [illegible]

4. Plumbing Inspection.

The Division of Plumbing Inspection has had additional responsibility placed upon it following the adoption of the amended Plumbing and Gas Appliance Code. These activities are productive of funds through the collection of fees. However, many of the activities of the Plumbing Division are not productive of fees, and it should be pointed out that the investigation and activities by personnel from this division in the fields of mosquito control, asphyxiation by unvented gas fixtures, checking of cross-connections likely to produce contaminationation of the water supply, etc., are in some instances even more important to the general public health than some of the normal activities which are productive of revenue. It is recommended that there be no decrease in the number of personnel, and our experience with the added responsibilities placed upon us may justify a request in next year's budget for additional personnel.

5. Milk Inspection.

The milk supply of San Francisco is under the control of this department, and is of the highest standard. This department has recommended the amendment of the Milk Code of San Francisco to permit the sale of market milk in San Francisco which is pasteurized elsewhere than in San Francisco. There appears to be no longer a public health necessity that milk be pasteurized within the corporate limits of San Francisco. It should be recognized that there is a public health necessity that all milk be pasteurized, but the improvements in the production and distribution of milk and in its transportation and refrigeration no longer justify the requirement that milk pasteurized only in San Francisco should be sold in San Francisco.

6. Adult Guidance Center.

The work the Adult Guidance Center is doing in the management of chronic alcoholics is meeting one of the greatest public health needs in San Francisco. Chronic alcoholism is a major problem in California, and the problem in San Francisco exceeds that of any other city in the country. This outpatient clinic will be carrying on during the fiscal year 1955-56 a study program to evaluate the effectiveness of outpatient treatment of chronic alcoholics. This is a cooperative program with the State Alcoholic Rehabilitation Commission and financed by them. The purpose is to determine the relative effectiveness and efficiency in the managment of chronic alcoholism by State institutions, by "health farms", and by outpatient clinics such as operated by this department. A realistic approach requires joint cooperation by all agencies in San Francisco. We believe that our method is effective, and that the scope of our activities in the future will have to be expanded.

7. Emergency Hospital Service.

The number of visits to the Emergency Hospitals and the number of ambulance calls remains about the same as compared with previous years. The City Planning Commission will join with us in a study within the next year of the use of these hospitals. Out of this study will be evolved a plan for relocation of emergency hospitals to more effectively meet the needs of the approximately one hundred thousand people of San Francisco that we serve each year. A preliminary review does not reveal any necessity for increasing the number of hospitals, but it is probable that a relocation of at least one and possibly two may be justified. The department will again review the feasibility of establishing a fee system to provide some reimbursement for these services.

8. Bureau of Communicable Diseases.

Effective the beginning of the present fiscal year, the position of Chief of the Division of Venereal Disease Control was filled after a vacancy of four years. The United States Public Health Service provided us with administrative and clinical leadership for much of the period when we were without a full-time Chief. Outstanding is the introduction of the Epidemiologic Speed Zone method of treating contacts of gonorrhea cases without prior confirmation of diagnosis by bacteriologic methods. This has been most effective in reducing infectiousness and in making the work of our investigators more efficient. The application of this method to the management of all suspected cases of infectious venereal disease will probably be instituted during this year. This will affect the holding of persons arrested under circumstances where there is reasonable suspicion that they may have transmitted or acquired a venereal disease.

Tuberculosis control still must be maintained at a high level. This disease is the only communicable disease which is found among the first ten causes of death in San Francisco. There exists a vacancy in the position of Chief of this division, it having been filled for only six months of the past fiscal year. The waiving of residence may permit us to secure a well qualified person to head up this important division. The increased load upon the Chest Clinic at San Francisco Hospital has resulted primarily from the earlier discharge of patients from our institutions while under drug therapy. This trend produces many problems in the field of home care and follow-up by our public health nurses. The decrease in the patient occupancy of our tuberculosis beds at San Francisco Hospital and Hassler Health Home is perceptible, but is not yet sufficient to justify consideration of the closing of wards in either institution. This matter, however, is being studied by the staffs of both institutions and of our Division of Tuberculosis. A point of particular interest is that we receive a subsidy from the State Department of Public HealthHealth to offset in part the cost of in-patient care of the tuberculous. As the outpatient management of tuberculosis increases, we believe it incumbent upon the State legislature to provide for a subsidy to permit a financial offset to local health departments and county hospitals for the management of the tuberculous not hospitalized but still requiring close supervision while in their homes.

In the general field of communicable disease control, the greatest problem occurring in the past fiscal year was the interjection of a vaccine designed to reduce paralysis in poliomyelitis. The joint cooperation of the San Francisco Medical Society with this department enabled us to meet an emergency problem in ths Spring of this year. This vaccination program was interrupted when the vaccine was withdrawn from use by the Federal Government. This department stopped the use of this vaccine a week before it was withdrawn by the Federal Government. There appear to be indications that the vaccine now being produced is relatively safe, but there is still inadequate evidence to indicate how effective it actually is in reducing paralytic poliomyelitis. In view of its apparent safety, however, this department plans cooperating with the medical profession and with other groups in making available to the people of San Francisco poliomyelitis vaccine during the coming year. The Federal Government will supply a portion of this vaccine in order that those who cannot receive it through normal channels may secure vaccination if they desire it. The normal channels of immunization are through the private physicians, who provide medical services to the individuals and to the families. It is not anticipated that additional local funds will be needed to enable us to meet our responsibilities in this field, but it is too early at this time to make a firm commitment on this matter.

The Bureau of Communicable Diseases has involved itself this year along with the Emergency Hospital Service, the Bureau of Public Health Nursing, and the Bureau of Food and Sanitary Inspection in an epidemiologic investigation of home accidents. Out of this study this year will come information which will enable us to develop a home accident prevention program aimed at the Number One killer of persons between the ages of 1 and 24.

9. Laboratories.

The Division of Laboratories involves both the bacteriological and chemical laboratories. The work load in these two laboratories is continuously increasing. The cost of materials and equipment has gone up consistently over the past few years. Our budgetary requirements for materials and equipment are likely to have to be augmented during the present fiscal year as the result of reductions made in our budget.

10. Bureau of Maternal and Child Health.

The Bureau of Maternal and Child Health during the past eight or nine months has made almost immeasurable progress under the leadership of its acting Chief. The development of a more modern approach to this field has been brought about by the placing of full-time medical personnel from this bureau in charge of each of five health centers located in strategic areas in San Francisco. Through this system, the services of our staff, both medical and nursing, to the more than 105,000 school children in San Francisco and the pre-school and infant groups have been made more effective and more efficient. However, the provision of services to approximately 200 public and private schools in San Francisco requires additional personnel, particularly in the field of public health nursing, if we are to do a satisfactory program. Our requests for increases in personnel in public health nursing, although related largely to the field of Maternal and Child Health, also has been based on an increased load in the control of tuberculosis.

The department provides services to all schools, and as additional schools are added, the spreading of our personnel permits fewer and fewer hours each week in each school. We wish, however, to commend the cooperation that the administrative and teaching staffs of both public and private schools have given us in planning our school health services and in the provision of these services. The integration of medical and nursing services with the teaching program has been outstanding. The participation by teachers in the vision screening program has been most effective; however, we are still not providing screening examinations for enough children each year to meet the situation.

The Division of Dental Health in this bureau is now under the direction of a full-time Chief, and the reorganization of this program will be undertaken during the present fiscal year. The Division of Mental Hygiene of this bureau has received a grant-in-aid from the State Department of Mental Hygiene which will permit us to do more effective work in the field of child guidance, a great unmet need in San Francisco.

11. Public Health Nursing.

The Public Health Nurses of this department have provided outstanding services which augment all of our medical services in the fields of maternal and child health, communicable disease control, the management of chronic alcoholics, etc. As has been mentioned above, the greatest basic problem in this bureau is the inadequate number of public health nurses and a gross inadequacy of clerical personnel who can release additional nursing time now utilized in doing clerical work. Our requests in this field in past years have been without effect.

12. City Physicians Service.

The activities of the City Physicians augment the field services for the medically indigent. A study of this service will be made during the next year relative to the reorganization of this activity of the department.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

13. San Francisco Hospital.

One of the most important aspects of the program at San Francisco Hospital and at Laguna Honda Home is the close relationship that has been established between the Bureau of Architecture of the Department of Public Works and the administrative personnel of these two institutions in order to plan effectively for the proper use of the bond issue funds provided through the November, 1954 election, and for the deferred maintenance work provided as the result of appropriations by the Board of Supervisors in the fiscal years 1953-54, 1954-55, and 1955-56. We wish to compliment the Department of Public Works and its Bureau of Architecture for the fine degree of cooperation and for the extensive and detailed planning which they have carried out in order that these funds may be utilized in accordance with our needs. The staffs of the two institutions and of the Central Office too are to be commended for working on these matters and still carrying on their normal duties. At San Francisco Hospital the evidences of progress in deferred maintenance are everywhere evident. The cleaning and painting of the walls and ceilings has resulted in better housekeeping on the part of our housekeeping staff.

A closer working relationship has been developed with the Executive Committee of the medical staff, and it is anticipated that during this year many advances will be made in organization of the medical staff more in line with accepted procedures.

The level of housekeeping personnel appears to be adequate to meet our needs. It will be necessary, however, that we have made available to us additional clerical personnel and increases in our personnel for occupational therapy and physical therapy. It is most important too that a well qualified specialist in chest diseases be secured to head up the clinical aspects of our tuberculosis treatment program. This will enable us to develop a closer working relationship in the field services of tuberculosis control carried on by the Division of Tuberculosis with the Tuberculosis Division of San Francisco Hospital and with Hassler Health Home. Personnel deficiencies make it very difficult to properly operate the Blood Bank at San Francisco Hospital. The recruitment of personnel for this work has been most difficult. Our personnel force has become more stabilized during the past year, and it may now be appropriate to replace Limited Tenure employees by permanent Civil Service employees.

The City and County must face a problem too with respect to the gradual absorption of personnel providing clerical, laboratory, and medical services who at the present time and for many years in the past are and have been paid by the University of California Medical School and the Stanford University School of Medicine. These services are direct patient services which are a legitimate responsibility of the city and county that have been paid for by the two medical schools because of their deep concern and interest in the provision of a high level of medical care at the San Francisco Hospital.

The in-service training program developed for various classifications of our staff at the hospital have resulted in a better understanding of job responsibilities and have materially reduced the number of disciplinary hearings held by the Director of Public Health. The tightening up of discipline associated with the training program results in more job satisfaction and better work performance.

The approval by the Board of Supervisors of the operation of an outpatient clinic by the Psychiatric Division of the hospital will result in better management of mental illness, a better opportunity to educate the families of those with mental illness, and will ultimately decrease the number of patient days required within the institution. Although this matter was only approved in policy, we believe that in subsequent fiscal years budgetary provision will have to be made to meet the requirements of this responsibility now possible with existing personnel.

14. Laguna Honda Home.

As mentioned above with respect to San Francisco Hospital, the same degree of cooperation between the Bureau of Architecture of the Department of Public Works and the administrative staff of Laguna Honda Home exists. The partial granting of our request for increased personnel at Laguna Honda Home has permitted us to increase a little further the facilities for vocational and occupational therapy and for physical therapy - all of which are so necessary in the management of chronic illness. There still exists a deficit in the number of nursing personnel needed to provide the proper level of nursing care for the chronically ill. It should be expected also that additional requests will be forthcoming from this department to further provide for Civil Service employees to perform some of the work now done by patients. The use of patients is quite justified as part of occupational therapy and to give some of them a minimum amount of spending money. However, the working of patients up to 40 hours a week can hardly be called occupational therapy.

We have difficulty in the employment of registered nurses at the Laguna Honda Home, but are of necessity employing additional orderlies to offset this loss of nursing hours. The employment of licensed vocational nurses to replace a certain proportion of orderlies will be done as soon as they become available, but it will still be necessary to increase the staff of registered nurses and of supervisory personnel.

One of the unment needs at Laguna Honda Home is the provision of psychiatric consultation, both medical and by psychiatric social workers. It should be pointed out that the scheduling of meals in both institutions is of considerable concern to us, and it may be necessary to provide additional personnel in order to permit us to shorten the time between the evening meal and the morning meal the following day.

The progress at Laguna Honda Home in the use of deferred maintenance funds at this moment revolves largely around the modernization of the main kitchen which will be completed about April, 1956. Other work will be instituted in accordance with the schedule prepared by the Bureau of Architecture in such a way that the operation of the institution will not be interfered with.

The staff of Laguna Honda Home is to be commended for their sympathetic interest in the handling of the residents and the patients in this institution. The complexities of managing long-term patients makes this understanding attitude most desirable.

15. Hassler Health Home.

The report from Hassler Health Home reveals that during the past fiscal year, the institution has had an occupancy of about 95% of patient capacity. During the current fiscal year, the average bed occupancy in both the Tuberculosis Division of San Francisco Hospital and Hassler Health Home will continue to drop. We do not believe, however, at this time we can make any firm prognostication as to when the need for such an institution as Hassler Health Home will not be as necessary as it is now. We are at times concerned about the proper management of the discharged patients in their homes, and further observation of these patients may reveal that it is necessary to return some of them to the institutions. Plans are under way to more closely coordinate the two institutions in the transfer of patients so that the type of patient transferred to Hassler Health Home will be the type of patient who wishes to get well and will take advantage of the opportunities available in that institution.

There are at the present time two interns assigned to Hassler Health Home. The two medical schools responsible for the medical supervision of our patients in other institutions and who are responsible for the general supervision of the training program for physicians have recommended that in the next fiscal year budget, the interns at Hassler Health Home be discontinued and that one or more additional interns at San Francisco be provided for some of the newer specialties. If, after we have studied this matter, we believe it appropriate, it will be necessary that additional physician-specialists be provided on a full-time basis to provide adequate medical supervision of the patients in this institution. At least two and possibly three such physicians will be required.

16. Health Advisory Board.

The interest and time of the members of the Health Advisory Board of this department in consulting with the Director and his staff on matters of policy and procedure is much appreciated. This group of representative citizens of San Francisco appointed by the Chief Administrative Officer are:

Rodney R. Beard, M.D. (Chairman)
Mr. Mortimer Fleishhacker, Jr. (Vice-Chairman)
Mr. John Bender
Mrs. Allan Charles
Edmund Morrissey, M.D.
Charles A. Noble, Jr., M.D.
Frederick West, D.D.S.

reason of the fact that many professional people do not desire to take written examinations when they possess certificates or licenses already supporting their professional competence.

d. It is recommended that in the salary standardization conducted by the Civil Service Commission, consideration be given to the re-establishment of salary ranges for the administrative personnel of this department and that the spread between minimum and maximum be brought in line with the spread that exists in other official agencies with which we are in competition.

The establishment of a flat salary for these positions results in a loss of personnel after they have been employed in this department because these personnel do not receive any increase in compensation beyond the minimum at which they were initially employed.

II. THE STATE OF HEALTH OF THE PEOPLE OF SAN FRANCISCO.

The statistical data contained in the report of the Bureau of Records and Statistics and in our Annual Statistical Report for 1957 reflects the general state of health of the 776,000 people of San Francisco.

The crude death rate (deaths per one thousand population) was 12.4 in 1957 as compared with 12.0 in 1956. Part of this increase in crude death rate is a reflection of the decrease of estimated population from 798,900 in 1956 to 776,000 in 1957. (These estimates are made by the California State Department of Finance) The actual number of resident deaths in San Francisco was only 52 over 1956, bringing the total for 1957 to 9600.

The causes of death remain essentially as they were in 1956 as far as the order is concerned, except that suicides shifted from sixth to eighth place in rank order, primarily because of increases in other causes of death. On the other hand, the total number of suicides in 1956 was 235 and only 194 in 1957.

Deaths due to influenza and pneumonia and certain diseases of early infancy were higher this year than they were last year, and in both cases exceeded the rates for suicides in both 1956 and 1957.

It is hardly necessary to point out again that deaths due to cirrhosis of the liver were the fifth cause of death and were more than four times the national rate for that disease and slightly less than three times the rate for California. The work of the Adult Guidance Center and of private hospitals, of Alcoholics Anonymous, and of the Half-way Houses that have been established for assisting the chronic alcoholic are effective in meeting this problem, but the estimated number of alcoholics continues to increase in spite of our efforts. We believe that the Mayor's Committee on Alcoholic Problems should again become active this year in an attempt to improve the approach to this basic problem affecting San Francisco.

We are concerned about the increase in prematurity and its relationship to our infant mortality, and hope to develop some studies utilizing State and Federal funds which will assist in meeting this problem.

a. Tuberculosis as a cause of death is for the second consecutive year not in the first causes of death. On the other hand, with 78 persons dying of this disease and 545 new cases of tuberculosis found and placed under

A library of public health reference material, classified under about 325 headings, is maintained and is available for use by both the Department staff and the public.

The audio-visual services of the Division include the operation and servicing and repair of motion picture, filmstrip and slide projectors, transcription player and public address system. Selected Department staff are instructed on the operation of the equipment. Consultation is given on the selection and use of educational films. Approximately 125 motion pictures and 50 filmstrips are available for loan from the Division. The operation of this Film Loan Library involves the evaluation and selection of films; scheduling for use by staff and community groups; inspection and repair of films and procurement of films from outside sources for use by Department staff. Based on a tabulation of the report forms filled out by the film borrowers, the following table shows the use of this service for the last three years:

Fiscal Year	Number of Requests for Films	Number of Film Showings	Total in Attendance
1955 - 1956	1,622	2,791	101,609
1956 - 1957	1,445	2,558	99,554
1957 - 1958	1,605	2,321	88,341

The health education staff acts in a consultative capacity to the staff of the Department in utilizing educational methods and techniques throughout the whole administrative, technical and service activities. It provides consultation to community individuals and groups as well. The staff serves on committees in the interests of our cooperative relationships with other official and voluntary agencies concerned with public health and on intra-department committees on program planning and in-service education. While it is recognized that consultation, conferences and service on committees are basic health education functions, these services are limited due to the fact so much of the time of the staff of two health educators must be devoted to services in educational materials. In addition to community services and consultant services to staff, public information services such as giving talks and making effective use of the media of newspapers, radio and television are minimal for the same reason.

When the Division of Public Health Education was established approximately twelve years ago, the staff consisted of a Chief, one other professional health educator and one clerk-stenographer. As might be expected, during this twelve-year period there has been an inevitable and marked increase in the demands for service and in the corresponding workload. Nevertheless, no additional personnel have been approved for this Division despite repeated departmental requests for additional staff. In last year's budget request, the Department asked for, in order of priority (1) a general clerk-typist (2) an additional public health educator to help meet the need for requested professional services and (3) a health education assistant to provide assistance to the professional personnel. Again, these positions were deleted. With modern health departments increasingly emphasizing education, the present limited number of employees in this Division seriously hampers the Department in carrying out its educational activities which are of great significance in all phases of our program in preventive public health as well as in our medical care activities.

period of waiting. Due to the changing policies at Sonoma State Hospital, many fewer children are eligible for commitment. This means that parents who have applied often have long waiting periods and need guidance and help in either making temporary arrangements for the care of the defective child or support and counseling in accepting the child into the home.

(3) Consultation Program. At the present time each of the ten district health centers has a consultant from the Mental Hygiene Division approximately one-half day each week. The consulting team consists of all the Psychiatrists, the Senior Psychologist and the Psychiatric Social Worker. It is felt that proper use of such a consultant by public health nurses and physicians may help solve many of the mental health problems in the community and will be more effective than an equivalent amount of time spent in direct services to individual patients. This is a new approach, and adjustment to the program must be made both by the health center staff and consultants themselves.

In addition to the above activities, the staff of the Mental Hygiene Division assists and serves as consultants in many programs of the Bureau of Maternal and Child Health such as the classes for expectant parents. Staff members are also called upon to give educational services to community groups such as Parent-Teacher Associations, church groups, teachers, etc.

With the recent implementation with the State's Mental Health Services Act, the Mental Hygiene Division has been actively planning the directions in which expansion seems indicated. Further development in the following areas should be considered:

(1) Increase of our facilities and personnel for psychiatric treatment of children and their parents with particular reference to emergency problems. Other services within the community have long waiting periods and care for immediate problems is often impossible to obtain.

(2) More personnel to work with problems related to mental retardation, particularly in regard to early diagnosis and early and continued help for the emotional needs of the families with retarded children.

(3) Possible expansion of consultation services to agencies beyond the Department such as ministers, educators, police department, etc.

DIAGNOSTIC CENTERS (Eye, Ear, Cardiac and Chest)

EYE AND EAR CENTERS

The attendance at the Eye Center increased by 500 to a total of 3,115 children seen in 1957. These children are referred by public health nurses and physicians in both schools and child health conferences. The child is examined by the Ophthalmologist and referred to his private physician, clinic, or through Crippled Children Services for care which is necessary. In the Eye Center 2,470 of the children were accompanied by the parents. This makes it possible to discuss the child's condition and emphasize the importance of proper follow-up at the time of the examination.

The attendance at the Ear Center decreased by about 100 children in 1957 to a total of 1,807 children seen. This decrease was due to the fact that one of the three positions of audiometrist was unfilled during the year, thus fewer referrals came from school screening. Residence requirements have now been waived for the position and a new examination will be held in the fall.

of the Aedes group. Especially watched for were the species Aedes varipalpus, a tree-hold breeding mosquito; and Aedes squamiger, a salt marsh breeding mosquito. These two varieties were reported to have been collected in San Francisco in the summer of 1956. Because rain water could be possibly collected in trunks of certain trees found in San Francisco, suspicion was first cast upon mosquitoes of the species Aedes varipalpus as the cause for the numerous mosquito bite complaints. However, the adult mosquitoes captured in heavily infested areas failed to show any sign of this species. Nevertheless, surveillance is still maintained for sudden increase in the mosquito population especially in the spring and early summer when the factors of rain and warm temperature will have been combined to hatch out the Aedes varipalpus eggs (if they do exist) which had been laid in the spring of the previous year, since this species usually has one brood a year.

The only time that San Francisco might experience a dense populace of the species Aedes squamiger is when a mass migration occurs, originating from neighboring counties where salt marshes are to be found. Aedes squamiger adults appear from approximately March to May and have a longevity of about 3 weeks. During this time the species has a tendency to disperse many miles. Under favorable wind conditions, this species could travel a range of 30 to 40 miles. Considering this fact, it is an almost futile task to be searching for breeding sources within its boundaries should San Francisco be heavily infested.

NO EVIDENCE OF THE PRESENCE OF ANOPHELES MOSQUITOES

Literature on mosquito distribution published by the California State Bureau of Vector Control mentioned of Anopheles mosquitoes collected in San Francisco in the previous years. Specimens submitted for identification during the survey failed to show, however, the presence of any Anopheles mosquito. It is to be noted, too, that the particular species of Anopheles which was found in San Francisco belongs to a costal variety of the sub-species Anopheles maculipennis occidentalis which is not normally a malaria vector. This subspecies is to be distinguished from another subspecies known as Anopheles maculipennis freeborni, commonly found in the interior region of California and considered to be an efficient vector of malaria.

GNAT OR MIDGE INFESTATION

One factor that perhaps aggravated the mosquito incidence problem and somewhat confused the general public was the accompanying heavy infestation of gnats or midges belonging to the family Chironomidae (now called Tedipedidae). Among the various types of gnats found breeding in such areas as Lake Merced, Stow Lake, Pine Lake, and the lagoon at the Palace of Fine Arts the small darker species could easily be mistaken for mosquitoes. Numerous adults of this particular type of species were discovered resting in the bushes along the banks of Lake Merced.

The gnats found in San Francisco do not bite. But on many occasions complainants had reported to the Health Department of these insects as "mosquito nuisances" regardless of whether or not the insects had bitten them. In instances where the complainants were actually bitted by mosquitoes, the blame would invariably be directed to the gnats breeding in the lakes as the culprits.

Although harmless, because of their characteristic behavior of forming in swarms, hovering close to a place of residence (oftentimes entering dwellings in large numbers), these gnats do create annoyance by their presence alone. In 1957 an

Ten nurses attended a five-day "Institute on Safety" at San Francisco State College.

Four supervising nurses and a staff nurse attended a three-day workshop on "Administration and Supervision" in Santa Barbara.

The Director of Public Health Nursing attended a two and one-half day workshop on "Public Health Nursing Administration" at Asilomar.

Recognition is given the progress some of the health centers have made in planning sound staff education meetings on district levels. The Department Education Committee is concerned with the uneven quality of some of the meetings and plans to direct part of their efforts to helping develop a sounder educational pattern more in accord with the needs of the daily work.

The Director of Public Health Nursing and the Educational Director met thirty-four requests from community groups such as the P.T.A., schools of nursing, and others who asked for speakers from this bureau. This is considered sound public relations activity and gives us an opportunity to inform the public concerning Health Department functions.

VOLUNTEER PROGRAM

The Volunteer Program continues to render invaluable help to our entire staff, led by Mrs. Gwen Valliant, an able and devoted Coordinator of Volunteer Services, and her assistant, Mrs. Mabel Juvet.

CLERICAL STAFF

The members of the clerical staff have held regular meetings, guided by the Educational Director, and have compiled an excellent manual which should result in uniformity of work methods throughout the bureau.

IN-SERVICE TRAINING

Plans are made to conduct a different type of orientation program for the seventeen new nurses who have been employed during the summer. They will spend two days a week for six weeks in intensive training by the administrative nurses, the specialized supervising nurses, and the program medical chiefs. Three new district medical officers will participate in parts of it which are of general interest.

RECOMMENDATIONS AND FUTURE PLANNING OF HEALTH CENTER ACTIVITY

During the past year a start has been made on developing the individual health centers as a decentralized operating unit of the department. With the coming year each of the nine health centers will have one full-time medical officer in charge of the center.

As will be seen by the reports of the Bureau of Public Health Nursing, much of the work of these two departments overlaps and is performed jointly by the members of the nursing staff and the medical staff. As the public health centers develop, more planning for the particular community in which the center is located will be done by the members of the staff in the center who are on the job and know the individual problems of their community. Insofar as the health centers are concerned, the line and staff type of organization will be in effect. The Central Office staff people will act as planners, consultants and distributors of personnel and service while the actual operation will be carried out by the line portion of the